

***CHARLES UNIVERSITY IN PRAGUE***  
***Faculty of Pharmacy in Hradec Králové***

# **DIPLOMA THESIS**

***CHARLES UNIVERSITY IN PRAGUE***  
***FACULTY OF PHARMACY IN HRADEC KRÁLOVÉ***

**Department of Social and Clinical Pharmacy**

**Homeopathic Remedies in Emotional  
and Mental Disorders**

**Diploma Thesis**

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**Hradec Králové, 2012**

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# **Declaration**

**I hereby certify to have written this thesis independently, drawing on my own research work, reference literature and other resources cited in the list of reference material, which are quoted as appropriate throughout the thesis.**

**In Athens, May 6, 2012**

**.....**

**The thesis was written in Standard English and did not require linguistic review.**

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## **ABSTRACT**

## **ABSTRAKT**

# 1. INTRODUCTION

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Most of the homeopaths consider the symptoms of the human mind to be the most important ones while treating any case. The background for this importance starts right from the master, Samuel Hahnemann who introduced Homeopathy. He says that the symptoms of the mind are most important in any given totality of a person. Dr Hahnemann who has elaborated the Organon has gone to a greater extent of calling the human body to be a government. He has stated that the human mind is the Central Government which is situated in the triad of a person, the cerebrum, cerebellum spinal cord and the limbs and other parts of the human body are the States. There is a quick communication between the human mind and the body through the nerve fibers. This is an indication of the importance of the psychic symptoms in the homeopathic treatment and also in the totality of the health and balance for the human body. (1)

Three thousand years ago in Greece in the temple of Apollo at Delphi above the portals it was written 'Gnothis Eafton' (*γνωθι σεαυτον*), which means, 'Know yourself'.

That we may know ourselves better than before, so is important to know our mind, our brain, its capabilities and its functions.

Understand our mind, connect to the spirit and heal our brain. What is the relationship between them, is there more mind than brain? What we will treat in an emotional illness? According to the medicine today a mental and emotional illness is a biologically and chemically based problem that comes out from the neurohumoral imbalances. The most common treatment is the management of symptoms with chemical modulation of neurotransmitters. It focuses on the synapses between the neurons and especially the receptor sites of dopamine, serotonin and norepinephrine.

By the 1930s the idea of the "unconscious", the "superego", the presence of instinctual drives and suppression, had entered popular culture, by the neurologist Sigmund Freud. Doctors took seriously the existence of unconscious "complexes", and "neurotic" illness was approached with a deep sense of respect for the symbols of dreams and imagination, the necessity of bringing to consciousness previously repressed conflicts, traumas, and emotions, the possibility of the healing power of working through deep issues in a transference process with the therapist. And deeper work about the collective unconscious was made by Karl Jung. It was through an integration of the individual and collective registrations that self-knowledge and healing took place.

Today psychopharmacology and depth psychology operate from two fundamentally different points. The common fact is that pharmacological treatment of the biological component in a psychiatric disorder gives the possibility to the patient to continue his life. And generally the disturbances like depression, anxiety or mental problem can be separated in biological, cognitive and emotional components.

This split is against a holistic way of healing, against a homeopathic way of healing. As truly holistic medicine would not act only in the brain chemistry to suppress the symptoms of the clinical syndromes but would reflect back to the patient an image which resonates with his own particular way of becoming off balance, in a way to help the individual to return to a place of psychological



**Figure 1.**

Dr. Samuel Christian Frederic Hahnemann, M.D. (1755 - 1843)  
Samuel Hahnemann was the founder of Homoeopathy.  
He established the fundamental principles of the science and art of Homoeopathy.

equilibrium. And this is the way a therapist is working: reflecting back to the patient a truthful image corresponding to his deepest traumas, dilemmas, and feelings. Putting in action a healing process that needs the self-understanding not only physiologically but also energetically stimulating the healing process from within. It takes under consideration not only where the patient is now, but encodes the pathway along which the individual traveled to get to his particular psychological place, and thus points out the way he can turn around and travel in the opposite direction to health and balance again!

For conventional medicine, 'disease', is an illness that can be independently verified. In the homeopathy on the other hand 'dis-ease', is a sign that the person is ill at ease him and that his brain –mind–soul is fragile.

This fragility in the psychiatric medicine can manifest under different symptom, different gravity, and different names.

The diagnosis, pathology, and therapeutics, of the mental diseases is important and is the first step to be in contact with the possibilities and miracles that can be obtained by the homeopathic treatment.

## 2. AIM OF THE THESIS

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The aim of this diploma thesis is to study the classification of the brain and mental illnesses and discover if there exist possibilities of intervention by means of homeopathic remedies related to the main symptoms. I will try to discuss the most often used remedies and their suitable potency and dosing according to the type of a disease which will be based on the study of various homeopathic literatures mostly called *Materia Medica*. To support this theory I will look for some clinical studies focused on this topic.



**Figure 2.** Bottles with Homeopathic remedies in pills.

### 3. EMOTIONAL AND MENTAL DISORDERS

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The description of the illnesses of the brain and mind are included in the coding of the American Psychiatric Association under the Diagnostic and statistical manual of mental disorders: **DSM –IV-TR. (2)**

- **Anxiety Disorders**
- **Mood Disorders**
- **Somatoform disorders**
- **Schizophrenia**
- **Delirium, Dementia, Amnesic and Other Cognitive Disorders**
- **Impulse-Control Disorders**
- **Disorders Usually first Diagnosed in Infancy Childhood or Adolescence**
- **Eating Disorders: Anorexia Nervosa, Bulimia Nervosa and Obesity**



**Figure 3.** Preparations of various forms of homeopathic remedies.

## 3.1. Anxiety Disorders

### 3.1.1. Definition and Etiology

*Anxiety: The emotional state in which people feel uneasy, apprehensive, or fearful.*

People usually experience anxiety about events they cannot control or predict, or about events that seem threatening or dangerous. People often use the words fear and anxiety to describe the same thing. Fear also describes a reaction to immediate danger characterized by a strong desire to escape the situation.

The physical symptoms of anxiety reflect a chronic "readiness" to deal with some future threat. These symptoms may include fidgeting, muscle tension, sleeping problems, and headaches. Higher levels of anxiety may produce such symptoms as rapid heartbeat, sweating, increased blood pressure, nausea, and dizziness.

All people experience anxiety to some degree. Most people feel anxious when faced with a new situation, such as a first date, or when trying to do something well, such as give a public speech. Anxiety can motivate people to prepare for an upcoming event and can help keep them focused on the task at hand.

However, too little anxiety or too much anxiety can cause problems. Individuals who feel no anxiety when faced with an important situation may lack alertness and focus. On the other hand, individuals who experience an abnormally high amount of anxiety often feel overwhelmed, immobilized, and unable to accomplish the task at hand. People with too much anxiety often suffer from one of the anxiety disorders, a group of mental illnesses. In fact, more people experience anxiety disorders than any other type of mental illness. **(3)**

### 3.1.2. Pathophysiology

Definitive pathophysiologic mechanisms have not yet been determined, but anxiety symptoms and the resulting disorders are believed to be due to disrupted modulation within the central nervous system. Physical and emotional manifestations of this dysregulation are the result of heightened sympathetic arousal of varying degrees. Several neurotransmitter systems have been implicated in one or several of the modulatory steps involved.

The most commonly considered are the serotonergic and noradrenergic neurotransmitter systems. In very general terms, it is believed that an underactivation of the serotonergic system and an overactivation of the noradrenergic system are involved. These systems regulate and are regulated by other pathways and neuronal circuits in various regions of the brain, including the locus coeruleus and limbic structures, resulting in dysregulation of physiologic arousal and the emotional experience of this arousal.

Disruption of the gamma-aminobutyric acid (GABA) system has also been implicated because of the response of many of the anxiety-spectrum disorders to treatment with benzodiazepines. There has also been some interest in the role of corticosteroid regulation and its relation to symptoms of fear and anxiety. Corticosteroids might increase or decrease the activity of certain neural pathways, affecting not only behavior under stress but also the brain's processing of fear-inducing stimuli.

Although a genetic predisposition to developing an anxiety disorder is likely, environmental stressors clearly play a role in varying degrees. All of the disorders are affected in some way by external cues and how they are processed and reacted to.

Research has also shown that patients suffering from anxiety are generally more sensitive to physiologic changes than non-anxious patients, and panic disorder sufferers are even more sensitive to these than GAD patients. Objective testing, however, reveals that physiologic changes between

anxious and non-anxious patients are comparable. This heightened sensitivity leads to diminished autonomic flexibility, which may be the result of faulty central information processing in anxiety-prone persons. **(4)**

### **3.1.3. Signs and Symptoms**

A subjective experience of distress with accompanying disturbances of sleep, concentration, and social or occupational functioning are common symptoms in many of the anxiety disorders. Despite their similarities, these disorders often differ in presentation, course, and treatment.

According to the data from the American psychiatric Association in the text of DSM- IV, we can meet the following categories in the Anxiety Disorders: **(2)**

#### **3.1.3.1. DSM IV-TR Criteria for Generalized Anxiety Disorder**

Excessive anxiety about a number of events or activities, occurring more days than not, for at least 6 months. The person finds it difficult to control the worry. The anxiety and worry are associated with at least three of the following six symptoms (with at least some symptoms present for more days than not, for the past 6 months):

- Restlessness or feeling keyed up or on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Sleep disturbance

The focus of the anxiety and worry is not confined to features of an Axis I disorder, being embarrassed in public (as in social phobia), being contaminated (as in obsessive-compulsive disorder), being away from home or close relatives (as in separation anxiety disorder), gaining weight (as in anorexia nervosa), having multiple physical complaints (as in somatization disorder), or having a serious illness (as in hypochondriasis), and the anxiety and worry do not occur exclusively during posttraumatic stress disorder. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social or occupational functioning. The disturbance does not occur exclusively during a mood disorder, a psychotic disorder, pervasive developmental disorder, substance use, or general medical condition.

#### **3.1.3.2. DSM IV-TR Criteria for Panic Disorder**

Recurrent unexpected panic attacks. At least one of the attacks has been followed by at least 1 month of one or more of the following:

- Persistent concern about having additional panic attacks
- Worry about the implications of the attack or its consequences
- A significant change in behavior related to the attacks

Presence or absence of agoraphobia the panic attacks are not due to the direct physiologic effects of a substance (e.g. a drug of abuse,) or a general medical condition (e.g., hyperthyroidism). The panic attacks are not better accounted for by another mental disorder.

### **3.1.3.3. DSM IV-TR Criteria for Agoraphobia**

Fear of being in places or situations from which escape might be difficult (or embarrassing) or in which help might not be available in the event of having unexpected panic-like symptoms. The situations are typically avoided or require the presence of a companion. The condition is not better accounted for by another mental disorder.

### **3.1.3.4. DSM IV-TR Criteria for Post-traumatic Stress Disorder**

The person has been exposed to a traumatic event in which both of the following were present:

- The person experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury or a threat to the physical integrity of others.
- The person's response involved intense fear, helplessness, or horror.

The traumatic event is persistently re-experienced in at least one of the following ways:

- Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
- Recurrent distressing dreams of the event.
- Acting or feeling as if the traumatic event was recurring, including a sense of reliving the experience, illusions, hallucinations, and flashback episodes.
- Intense psychological distress at exposure to cues that symbolize an aspect of the traumatic event.
- Physiologic reactivity on exposure to cues that symbolize or resemble an aspect of the traumatic event.

The person persistently avoids stimuli associated with the trauma and has numbing of general responsiveness including at least three of the following:

- Efforts to avoid thoughts, feelings, or conversations associated with the trauma
- Efforts to avoid activities, places, or people that arouse recollections of the trauma
- Inability to recall an important aspect of the trauma
- Markedly diminished interest or participation in significant activities
- Feeling of detachment or estrangement from others
- Restricted range of affect

Persistent symptoms of increased arousal are indicated by at least two of the following:

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle response

The person has been exposed to a traumatic event in which both of the following were present:

- The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury.
- The person's response involved intense fear, helplessness, or horror.



Either while experiencing or after experiencing the distressing event, the person has at least three of the following:

- A subjective sense of numbing, detachment, or absence of emotional responsiveness
- A reduction in awareness of his or her surroundings
- Derealization
- Depersonalization
- Dissociative amnesia

The traumatic event is re-experienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes, or a sense of reliving the experience; or distress on exposure to reminders of the traumatic event. The patient avoids the stimuli that arouse recollections of the trauma. The patient has marked symptoms of anxiety or increased arousal. The disturbance causes clinically significant distress or impairment in social or occupational areas of functioning, or it impairs the person's ability to pursue some necessary task. The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event. The disturbance is not better accounted for by brief psychotic disorder.

#### **3.1.3.5. DSM IV-TR Criteria for Specific Phobia**

Persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation. Exposure provokes immediate anxiety, which can take the form of a situationally predisposed panic attack. Patients recognize that the fear is excessive or unreasonable. Patients avoid the phobic situation or else endure it with intense anxiety or distress. The distress in the feared situation interferes significantly with the person's normal routine, occupational functioning, or social activities or relationships. In persons younger than 18 years, the duration is at least 6 months. The fear is not better accounted for by another mental disorder.

#### **3.1.3.6. DSM IV-TR Criteria for Social Phobia**

A fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others and feels he or she will act in an embarrassing manner. Exposure to the feared social situation provokes anxiety, which can take the form of a panic attack. The person recognizes that the fear is excessive or unreasonable. The feared social or performance situations are avoided or are endured with distress. The avoidance, anxious anticipation, or distress in the feared situation interferes significantly with the person's normal routine, occupational functioning, or social activities or relationships. The condition is not better accounted for by another mental disorder, substance use, or general medical condition. If a general medical condition or another mental disorder is present, the fear is unrelated to it. The phobia may be considered generalized if fears include most social situations.

### 3.1.4. About Phobias

A **phobia**, (from the Greek: φόβος, *Phóbos*, meaning "fear" or "morbid fear") is, when used in the context of clinical psychology, a type of anxiety disorder, usually defined as a persistent fear of an object or situation in which the sufferer commits to great lengths in avoiding, typically disproportional to the actual danger posed, often being recognized as irrational. In the event the phobia cannot be avoided entirely, the sufferer will endure the situation or object with marked distress and significant interference in social or occupational activities.

The terms *distress* and *impairment* as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR) should also take into account the context of the sufferer's environment if attempting a diagnosis. A point warranting clarification is that the term phobia is an encompassing term and when discussed is usually done in terms of specific phobias and social phobias. Specific phobias are nouns such as arachnophobia or acrophobia which, as the name implies, are specific and social phobia are phobias within social situations such as public speaking and crowded areas. **(5)**

#### 3.1.4.1. What are the Symptoms of Phobia?

The medical phobias dealt with in this work, can produce all the unpleasant physical symptom of 'normal' fear:

- heart palpitations
- feeling sick
- chest pains
- difficulty breathing
- dizziness
- 'jelly legs'
- feeling 'unreal'
- intense sweating
- feeling faint
- dry throat
- restricted or 'fuzzy' vision or hearing

In severe cases, people may feel certain that they are about to die, going mad, or lose control of themselves and injure someone, or do something disgusting and humiliating. Most of all they feel an overpowering urge to 'escape' from the situation they are in. They also develop an acute fear of repeating these very unpleasant experiences, and this is what really creates the phobia.

The level of symptoms that people with medical phobias experience varies a great deal, from gnawing anxiety to very severe panic and terror.

Of course, these are only feelings. Even the worst panic attacks do not cause any long-term ill-effects; people who panic simply do not die, go mad, or cause mayhem as a result. In fact these frightening symptoms are exactly the same thing that normal people feel in situations that really are dangerous. Soldiers in a battle feel exactly that way. The only thing different about a phobia, is that the fear is wildly out of proportion to the 'danger'. **(6)**

### 3.1.4.2. Types of Specific Phobia

- **Animal Type** (e.g. dogs, snakes, or spiders)
- **Natural Environment Type** (e.g., heights, storms, water)
- **Blood-Injection-Injury Type** (e.g. fear of seeing blood, receiving a blood test or shot, watching television shows that display medical procedures)
- **Situational Type** (e.g., airplanes, elevators, driving, enclosed places)
- **Other Types** (e.g., phobic avoidance of situations that may lead to choking, vomiting, or contracting an illness; in children, avoidance of loud sounds like balloons popping or costumed characters like clowns). **(5)**

### 3.1.4.3. Types of Social Phobia

- Open spaces (agoraphobia),
- Closed-in spaces (claustrophobia),
- Clowns (coulrophobia),
- Flying (aerophobia),
- Animals (zoophobia),
- Commitment (commitment phobia),
- Driving,
- Spiders (arachnophobia),
- Needles (aichmophobia),
- Snakes (ophidiophobia),
- Heights (acrophobia or altophobia),
- Germs (mysophobia). **(7)**



**Figure 4.** Various ingredients for the preparation of Homeopathic remedies.

### 3.1.5. Materia Medica

The homeopathic remedies for the anxiety disorders are of a big number but we take under consideration the ones that cover the maximum of anxiety's disorder symptoms and the ones that we meet more often in our patients. Those remedies save a special name which is polycrest homeopathic remedies. (9)

In the case of anxiety disorders, the most used and effective remedies from the Homeopathic Materia Medica of Kent (10) and Boericke (11), are the following:

- **Argentum Nitricum**
- **Argentum Metallicum**
- **Aconitum Napellus**
- **Arsenicum Album**
- **Bryonia**
- **Calcarea Carbonica**
- **Calcarea Phosforica**
- **Gelsemium**
- **Phosphorus**
- **Silicea**
- **Kali Arsenicosum**
- **Kali Carbonicum**
- **Medorrinum**
- **Lac Caninum**
- **Lycopodium Clavatum**
- **Nitric Acid**
- **Phosphorus**
- **Stramonium Datura**
- **Sepia**
- **Sulphur**



Figure 5. Lycopodium Clavatum

#### 3.1.5.1. Argentum Nitricum

This remedy is characterized from impulsiveness and time pressure .They tend towards insensitivity because they do not give themselves time to feel. They act first and think second, saying things before thinking about them. They are extrovert , open, friendly straightforward and can like public speaking .They are superstitious about cracks in pavement stones, corners, and have fears about what might have happened , in imaginary events that flash through their minds.

They have strong fears of claustrophobia, crossing bridges, lifts planes and being enclosed also fear of heights places because of the impulse to jump. They hurry and become anxious walk faster from the anxiety .They are very fearful of arriving late or early for an appointment, or missing a dead line. They have strong feelings of being alone and abandoned, even isolated. (12)

#### 3.1.5.2. Aconitum

Shock is the keyword .Fear and fright from shock are very strong here ,the strongest fear of all the homeopathic types .Great panic and fear of death .Great shock from seeing an accident or hearing about the sudden death about someone known to them.

Tremendous problems associated with fear and fright, bad news. Also, anger with anxiety, fright and silent grieving. They can be upset by overexcitement and excessive joy. Humiliation and

hurrying also upset them. A chill or very cold dry wind, forms of sudden shock, can make them instantly ill.

### **3.1.5.3. Arsenicum Album**

Arsenicum is for the obsessively tidy. They have immaculately tidy places to live in, everything is in its place and very well ordered, and dress with the same sense very smart. All this tidiness and need to control comes out from a deep rage and insecurity, something from early childhood, a deep need to create a feeling of security through order and owning. They are not aware of this.

Arsenicum fears to be alone, wants company and worries excessively about their own health, which deep down is a fear of dying. Fault –finding, criticism, anguish, despair of recovery and suicide can follow later on life. **(12)**

### **3.1.5.4. Calcarea Carbonica**

Calcarea carbonica patients are seemingly happy, contented people, who may struggle but get there in the end. They are reliable, solid and dependable. They will work until they are exhausted and become overwhelmed by it and give up .They are obstinately slow to adjust and change throughout life.

Fears, of which they have many, can also overwhelm them: fear of going mad, of insects, dogs, ghosts, poverty, dark, heights, cancer, ill health, death, accidents, evil, horrible stories, mice or rats. **(12)**

### **3.1.5.5. Gelsemium**

Feelings of weakness, trembling, and mental dullness (being "paralyzed by fear"), suggest a need for this remedy. It is often helpful when a person has stage-fright about a public performance or interview, or feels anxious before a test, a visit to the dentist, or any stressful event. Chills, perspiration, diarrhea, and headaches will often occur with nervousness. Fear of crowds, a fear of falling, and even a fear that the heart might stop are other indications for Gelsemium . Gelsemium is one of the remedies for first aid in case of panic attack.

### **3.1.5.6. Phosphorus**

People who need this remedy have anxiety, gloomy forebodings, fear that something bad will happen, are anxious at twilight, anxious when alone, have apprehensiveness, are apprehensive during thunder storms, which brings on many complaints; palpitation, diarrhea and trembling. Trembling of the whole body.

Attacks of indigestion from fear. Fear in the evening, fear of death. Fear of strange old faces looking at him from the corner. Full of strange, insane imaginations. On the border land of insanity. Inability to sustain a mental effort. Fear of apoplexy. Reflecting brings on headache and difficult breathing associated with apprehensiveness or sinking at the pit of the stomach. His fear seems to begin 'at the pit of the stomach'.

They are nervous and sensitive to others, they can overextend themselves with sympathy to the point of feeling exhausted and "spaced out" or even getting ill. They want a lot of company and reassurance, often feeling better from conversation or a back-rub. Easy flushing of the face, palpitations, thirst, and a strong desire for cold, refreshing foods are other indications for Phosphorus.

### **3.1.5.7. Silicea**

The key idea describing Silica patients is that they are **yielding** . It is a kind of shyness, timidity, or a submissiveness that arises out of a lack of energy to insist upon his or her point of view. They feel shy and awkward in social situations, in spite of their observation of others and understanding of their motives. Worry and overwork can bring on headaches, difficulty concentrating, and states of exhaustion, oversensitivity, and dread.

Sometimes they may develop fixed ideas, or they have absolute prejudices which they simply cannot alter; i.e. "Sex is sinful under any circumstances." It is as if a small portion of the brain has become sclerosed, causing a loss of flexibility in thinking in regard to specific concepts. Responsible and diligent, but also with lack of confidence about their work abilities make them often overreact and devote attention to tiny details, making their worries more difficult.

#### **3.1.5.8. Lac Caninum**

This is the dog's milk and indicated for people who feel despised and internalize this as self disgust. Is used for nervous, restless, highly sensitive organisms. Despondent, hopeless; thinks their disease incurable; has not a friend living; nothing worth living for; could weep at any moment and fears to be alone, of dying, of becoming insane, of falling down stairs.

#### **3.1.5.9. Stramonium Datura**

When we think of Stramonium, the idea of violence comes into mind. The key note of this remedy is terror. A terror that more often come from the past after an accident to the patient or his parents , after a violent behavior against him from someone close to him, after a very bad and traumatic experience recorded in his psyche . People stuck in this pattern become afraid of violence to a degree that can be almost phobic. So is used for people who are suffering from panic attacks following such experiences.

This patient usually is in the middle of a tremendous turmoil, the great upheaval taking place in mind and body, his face looks wild, anxious, fearful; the eyes are fixed on a certain object; face flushed, hot raging fever with hot head and cold extremities, they have the feeling of been threatened in a fundamental way . The issue of safety become paramount for those who find themselves in this energy pattern, because they perceive the world not just as hostile, but as violent . The result is the existential fear that make them live in intense emotional neediness, as feel alone and abandoned to face the danger in an hostile environment . They have a continuous need for protection and for safety. If we mention some fears of Stramonium they are: fear of being alone, fear of everything black, fear of dark, fear of evil, fear of dogs, tunnels, fear of be roasted, fear of being injured, fear of narrow places, etc. The fear of dark and black is so scary for them because it represents the unconscious, the shadow, the unknown, the void or evil, depending of the person's believe system. They have terrifying nightmares. **(11)**

#### **3.1.5.10. Sulphur**

Sulphur's anxiety may be concealed beneath an air of self-assurance: the person talks a lot , and seems to know everything . However, he is anxious quite a lot of the time, especially when he is alone in bed and when contemplating the future. He can become anxious about a whole range of moral and religious questions, and about the possibility of catching diseases. When ill he can be quite fussy and picky, reminiscent of the Arsenicum type of remedy picture.

He is apprehensive about the future, wherein he sees nothing but misery and suffering. He is apprehensive about the safety of others (because of his over- imagination, not out of any genuine concern for him.) Specific fears: closed places, contamination germs, dogs, heights. **(13)**

### 3.1.6. What to Expect as the Remedies Work

Taking those remedies, heal the memories of traumas which have been locked in the body at a cellular level, so that sock symptoms are no longer restimulated at the slightest stress. The remedies dissolve states of panic and fear. One no longer feels terrified at the thought of death, although the fact that the experience is by its very nature unknown and will still inspire awe.

When the patient is no longer in thrall to fear and panic, can move on in his life. Can achieve some peace with the events of the past and feel more in balance. An open, sympathetic, healthy nature, which was covered before, becomes freed of the neurotic anxieties that have dogged her since the traumatic experience was installed.

On become more self-sufficient, not needing someone to be around all the time in case they are required to save him. The remedies reinstate the normally resilient health. By releasing the energy of the person, the remedies will allow to the natural optimism and potency to re-establish it. **(14)**



**Figure 6.** Raw materials of mineral origin.

## 3.2. Mood Disorders

### 3.2.1. Definition

Mood disorders, also called affective disorders, are one type of psychological disorder as classified by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR). Mood disorders are disturbances of a person's emotional state that affect a person's normal activities. In psychology, the diagnosis of a mood disorder is used to explain and then prescribe treatment for certain abnormal behavior. Psychologists distinguish between two kinds of mood disorders: depression, characterized by persistent sadness and loss of interest in once pleasurable activities, and bipolar disorder, characterized by alternating periods of depression and mania (episodes of conditions such as irritability, extreme happiness, and poor judgment). Both biological hormonal and environmental factors contribute to mood disorders; many psychologists believe chemical imbalances are one cause.

### 3.2.2. Epidemiology

The lifetime rates of affective disorders are increasing, with an earlier age of onset. The onset of major depression most often occurs in the late 20s to mid-30s; dysthymia and bipolar disorder typically begin about a decade earlier. However, no age group is immune to an affective disorder. Vulnerability is not related to social class or race, although the affluent are more likely to receive treatment.

### 3.2.3. Clinical Symptoms

The most common form of affective disorder is a major depressive episode. The episode is defined by a pervasively depressed or low mood (which is experienced most of the day over a period of 2 weeks or longer) and at least four associated symptoms affecting sleep, appetite, hedonic capacity, interest, and behavior.

Major depressive episodes have several clinical forms. Melancholia is a severe episode characterized by anhedonia, marked anorexia with weight loss, early morning awakening, observable motor disturbances (extreme slowing, or retardation, or pacing and stereotypic agitated behaviors), and diurnal mood variation (mood is worse in the morning).

Common among young patients, especially women, is a milder syndrome historically referred to as atypical depression. Atypical depression is characterized by intact mood reactivity (one's spirits can go up or down in response to day-to-day events) and reverse symptoms: oversleeping, overreacting, or gaining weight. Significant anxiety symptoms, including phobias and panic attacks, also are common in atypical depression.

A more chronic, insidious form of depression known as dysthymia “smolders” at a subsyndromal level (that is, there are three or four daily symptoms) for at least 2 years. Dysthymia often begins early in life and, historically, has been intertwined with atypical and neurotic characteristics.

A manic episode is heralded by euphoric or irritable mood and at least four of the following: increased energy, activity, self-esteem, or speed of thought; decreased sleep; poor judgment; and risk-taking. About one-half of manic episodes are psychotic. The delusions of mania typically reflect grandiose or paranoid themes. Most people who have manic episodes also experience recurrent depressive episodes.

The term bipolar affective disorder has largely replaced the old term manic-depression, although both names convey the cyclical nature of this illness. The classical presentation (which includes



full-blown manic episodes) is known as type 1 disorder. The diagnosis of bipolar type 2 disorder is used when there are recurrent depressive episodes and at least one hypomania. The diagnosis of cyclothymia is used when neither hypomanias nor depressions have reached syndromal levels.

Two variations of bipolar episodes are increasingly recognized. A mixed episode is diagnosed when the symptoms of mania and depression coexist. The term rapid cycling is used when there have been four or more episodes within a time frame of 1 year.

A number of affective disorders follow a seasonal pattern. A pattern of recurrent fall/winter depressions (also known as seasonal affective disorder), has generated considerable interest because it may be treated with bright white light, which artificially lengthens the photoperiod.

Literally all forms of affective disorder can be caused by general medical illnesses and medications that affect brain function (such as antihypertensives, hormonal therapies, steroids, and stimulant drugs). The diagnosis “mood disorder associated with a general medical condition” is applied to these conditions.

### **3.2.4. Pathophysiology**

The affective disorders have diverse biopsychosocial underpinnings that result, at least in part, in extreme or distorted responses of several neurobehavioral systems. The neurobehavioral systems of greatest relevance regulate a person's drives and pursuits, responses to acute stress, and capacity to dampen or quiet pain or distress.

Although there is considerable evidence that affective disorders are heritable, vulnerability is unlikely to be caused by a single gene. It is likely that some combination of genes conveys greater risk and, like an amplifier, distorts the neural signals evoked by stress and distress.

Research permits several firm conclusions about brain neurochemistry in stress and depression. Acute stress mobilizes the release of three vital brain monoamines—serotonin, norepinephrine, and dopamine—as well as glucocorticoids such as cortisol. Sustained and unresolvable stress eventually depletes the neurotransmitters (cortisol levels remain high), inducing a behavioral state of learned helplessness. Severe depression, especially recurrent episodes of melancholia, affects the brain similarly.

Psychosocial and neurobiologic vulnerabilities, no doubt, intersect. For example, harsh early maltreatment, neglect, or other abuses can have lasting effects on both self-concept and brain responses to stress. **(15)**

### **3.2.5. Genetics of Mood Disorders**

The enormous public health importance of mood disorders, when considered alongside their substantial heritability, has stimulated much work, predominantly in bipolar disorder but increasingly in unipolar depression, aimed at identifying susceptibility genes using both positional and functional molecular genetic approaches. Several regions of interest have emerged in linkage studies and, recently, evidence implicating specific genes has been reported; the best supported include BDNF and DAOA but further replications are required and phenotypic relationships and biological mechanisms need investigation. The complexity of psychiatric phenotypes is demonstrated by the evidence accumulating for an overlap in genetic susceptibility across the traditional classification systems that divide disorders into schizophrenia and mood disorders, and evidence suggestive of gene-environment interactions. **(16)**

### 3.2.6. Why Study Genetics?

The identification of bipolar disorder and major depression genes may someday provide benefits to those who are suffering from these illnesses and those at risk for them. For example, genes will point to biochemical pathways of disease and could lead to development of new medications to alter those pathways. In addition, specific disease gene variants might be associated with better response to particular medications; this might provide an opportunity for therapists to optimize their choice of medications, getting the right drug to the right patient at the right time. With knowledge of multiple disease genes, genetic testing could be developed for purposes of diagnosis, prognosis, prevention, or early intervention. **(17)**

### 3.2.7. Signs and Symptoms of Depression

Depression varies from person to person, but there are some common signs and symptoms. It's important to remember that these symptoms can be part of life's normal lows. But the more symptoms you have, the stronger they are, and the longer they've lasted—the more likely it is that you're dealing with depression. When these symptoms are overwhelming and disabling, that's when it's time to seek help.

- **Feelings of helplessness and hopelessness.** A bleak outlook—nothing will ever get better and there's nothing you can do to improve your situation.
- **Loss of interest in daily activities.** No interest in former hobbies, pastimes, social activities, or sex. You've lost your ability to feel joy and pleasure.
- **Appetite or weight changes.** Significant weight loss or weight gain—a change of more than 5% of body weight in a month.
- **Sleep changes.** Either insomnia, especially waking in the early hours of the morning, or oversleeping (also known as hypersomnia).
- **Anger or irritability.** Feeling agitated, restless, or even violent. Your tolerance level is low, your temper short, and everything and everyone gets on your nerves.
- **Loss of energy.** Feeling fatigued, sluggish, and physically drained. Your whole body may feel heavy, and even small tasks are exhausting or take longer to complete.
- **Self-loathing.** Strong feelings of worthlessness or guilt. You harshly criticize yourself for perceived faults and mistakes.
- **Reckless behavior.** You engage in escapist behavior such as substance abuse, compulsive gambling, reckless driving, or dangerous sports.
- **Concentration problems.** Trouble focusing, making decisions, or remembering things.
- **Unexplained aches and pains.** An increase in physical complaints such as headaches, back pain, aching muscles, and stomach pain.

### 3.2.8. Depression and Suicide

Depression is a major risk factor for suicide. The deep despair and hopelessness that goes along with depression can make suicide feel like the only way to escape the pain. Thoughts of death or suicide are a serious symptom of depression, so take any suicidal talk or behavior seriously. It's not just a warning sign that the person is thinking about suicide: it's a cry for help. **(18)**

### **3.2.9. The Faces of Depression**

Depression often looks different in men and women, and in young people and older adults. An awareness of these differences helps ensure that the problem is recognized and treated.

#### **3.2.9.1. Depression in Men**

Depression is a loaded word in our culture. Many associate it, however wrongly, with a sign of weakness and excessive emotion. This is especially true with men. Depressed men are less likely than women to acknowledge feelings of self-loathing and hopelessness. Instead, they tend to complain about fatigue, irritability, sleep problems, and loss of interest in work and hobbies. Other signs and symptoms of depression in men include anger, aggression, violence, reckless behavior, and substance abuse. Even though depression rates for women are twice as high as those in men, men are a higher suicide risk, especially older men.

#### **3.2.9.2. Depression in Women**

Rates of depression in women are twice as high as they are in men. This is due in part to hormonal factors, particularly when it comes to premenstrual syndrome (PMS), premenstrual dysphoric disorder (PMDD), postpartum depression, and perimenopausal depression. As for signs and symptoms, women are more likely than men to experience pronounced feelings of guilt, sleep excessively, overeat, and gain weight. Women are also more likely to suffer from seasonal affective disorder.

#### **3.2.9.3. Depression in Teens**

While some depressed teens appear sad, others do not. In fact, irritability—rather than depression—is frequently the predominant symptom in depressed adolescents and teens. A depressed teenager may be hostile, grumpy, or easily lose his or her temper. Unexplained aches and pains are also common symptoms of depression in young people.

Left untreated, teen depression can lead to problems at home and school, drug abuse, self-loathing—even irreversible tragedy such as homicidal violence or suicide. But with help, teenage depression is highly treatable.

#### **3.2.9.4. Depression in Older Adults**

The difficult changes that many older adults face—such as bereavement, loss of independence, and health problems—can lead to depression, especially in those without a strong support system. However, depression is not a normal part of aging. Older adults tend to complain more about the physical rather than the emotional signs and symptoms of depression, and so the problem often goes unrecognized. Depression in older adults is associated with poor health, a high mortality rate, and an increased risk of suicide, so diagnosis and treatment are extremely important.

#### **3.2.9.5. Postpartum Depression**

Many new mothers suffer from some fleeting form of the “baby blues.” Postpartum depression, in contrast, is a longer lasting and more serious depression triggered, in part, by hormonal changes associated with having a baby. Postpartum depression usually develops soon after delivery, but any depression that occurs within six months of childbirth may be postpartum depression.

### **3.2.10. Mood Disorders According DSM IV-TR**

(19)

#### **Depressive disorders**

- Dysthymic disorder
- Major depressive disorder
  - Major depressive disorder, recurrent
  - Major depressive disorder, single episode
- Depressive disorder NOS

#### **Bipolar disorders**

- Bipolar disorder NOS
- Bipolar I disorder, most recent episode depressed
- Bipolar I disorder, most recent episode hypomanic
- Bipolar I disorder, most recent episode manic
- Bipolar I disorder, most recent episode mixed
- Bipolar I disorder, most recent episode unspecified
- Bipolar I disorder, single manic episode
- Bipolar II disorder

#### **Cyclothymic disorder**

#### **Mood disorder**

- Mood disorder due to general medical condition
- Mood disorder substance induced

The mood episodes are also defined from the severity and there duration in: full remission or in partial remission, in mild or moderate, with Catatonic features or with Melancholic features, with Psychotic features or without Psychotic features, with Atypical features or unspecified, with postpartum onset. Also could be with longitudinal course specifies, with seasonal pattern and with rapid cycling.

### **3.2.11. Characteristics of the Types of Depression**

Depression comes in many shapes and forms. The different types of depression have unique symptoms, causes, and effects. Knowing what type of depression you have can help you manage your symptoms and get the most effective treatment.

#### **3.2.11.1. Major Depression**

Major depression is characterized by the inability to enjoy life and experience pleasure. The symptoms are constant, ranging from moderate to severe. Left untreated, major depression typically lasts for about six months. Some people experience just a single depressive episode in their lifetime, but more commonly, major depression is a recurring disorder. However, there are many things you can do to support your mood and reduce the risk of recurrence.

#### **3.2.11.2. Dysthymia (Recurrent, Mild Depression)**

Dysthymia is a type of chronic “low-grade” depression. More days than not, you feel mildly or moderately depressed, although you may have brief periods of normal mood. The symptoms of dysthymia are not as strong as the symptoms of major depression, but they last a long time (at least

two years). These chronic symptoms make it very difficult to live life to the fullest or to remember better times. Some people also experience major depressive episodes on top of dysthymia, a condition known as “double depression.” If you suffer from dysthymia, you may feel like you’ve always been depressed. Or you may think that your continuous low mood is “just the way you are.” However, dysthymia can be treated, even if your symptoms have gone unrecognized or untreated for years.

#### **3.2.11.3. Seasonal Affective Disorder (SAD)**

There’s a reason why so many movies and books portray rainy days and stormy weather as gloomy. Some people get depressed in the fall or winter, when overcast days are frequent and sunlight is limited. This type of depression is called seasonal affective disorder (SAD). Seasonal affective disorder is more common in northern climates and in younger people. Like depression, seasonal affective disorder is treatable. Light therapy, a treatment that involves exposure to bright artificial light, often helps relieve symptoms.

#### **3.2.11.4. Bipolar Disorder**

Bipolar disorder, also known as manic depression, is characterized by cycling mood changes. Episodes of depression alternate with manic episodes, which can include impulsive behavior, hyperactivity, rapid speech, and little to no sleep. Typically, the switch from one mood extreme to the other is gradual, with each manic or depressive episode lasting for at least several weeks. When depressed, a person with bipolar disorder exhibits the usual symptoms of major depression. However, the treatments for bipolar depression are very different. In fact, antidepressants can make bipolar depression worse.

### **3.2.12. The Causes of Depression Helps Determine the Treatment**

Understanding the underlying cause of depression may help to overcome the problem. For example, if one is depressed because of a dead end job, the best treatment might be finding a more satisfying career, not taking an antidepressant. If one is new to an area and feeling lonely and sad, finding new friends at work or through a hobby will probably give him more of a mood boost than going to therapy. In such cases, the depression is remedied by changing the situation, but most of all by confronting to our deeper cause of that is creating the problem that is usually inside us. In the way we interpret and treat our life and our problems.



**Figure 7.** Plants as raw material for homeopathic remedies.

### 3.2.13. Materia Medica

In the case of mood disorders the number of polycryst homeopathic remedies is very big , but the most often meet between them and more appropriate in the living condition of our time are : **(20)**

- **Arsenicum Album**
- **Aurum Metallicum**
- **Calcarea Carbonica**
- **Calcarea Phosphorica**
- **Carsinosinum**
- **Causticum**
- **Cimicifuga**
- **Cocculus**
- **Conium**
- **Hyosciamus**
- **Ignatia Amara**
- **Kali Phosphoricum**
- **Lachesis**
- **Natrium Carbonicum**
- **Natrium Muriaticum**
- **Natrium Sulphuricum**
- **Nux Vomica**
- **Phosphoric Acid**
- **Platina**
- **Pulsatilla**
- **Sepia**
- **Staphysagria**



**Figure 8.** Staphysagria.

#### 3.2.13.1. Arsenicum Album

There is a deep sense of insecurity and the person is always worried that their circumstances will change for the worse. Anxious and perfectionistic people who need this remedy may set high standards for themselves and others and become depressed if their expectations are not met. Worry about material security sometimes borders on despair. When feeling ill, these people can be demanding and dependent, even suspicious of others, fearing their condition could be serious. **(21)**

#### 3.2.13.2. Aurum Metallicum

Aurum Met. is from the mineral gold, particularly known for its emotional benefits for people suffering from a profound loss of self-worth, where everything is perceived through a veil of worthlessness and hopelessness. **(22)**

Aurum Met. is useful to lift depression, despair, and lack of confidence. Aurum Met. is useful for depression following traumatic events that cause loss of self-worth, moodiness, sadness, feelings of self-destructiveness, and apathy in work, hobbies, etc. It is used return self-worth and sense of safety in one's environment. Aurum Met. can be used as an adjunct therapy guilt complex, melancholy, vascular hypertensive erethism, palpitations with congestive flushing in the head and chest.

Aurum Met. is useful in emotional situations that are worse from alcohol or substance abuse. The *Dictionary of Practical Materia Medica* **(49)** lists under Aurum Met, "...Nostalgia, hopeless, feels that all is against her, the least contradiction excites his wrath." Causes are listed as grief, anger,

disappointed love. Aurum Met. relieves morning exhaustion, palpitations, and congestion.

This remedy can be helpful to serious people, strongly focused on work and achievement, who become depressed if they feel they have failed in some way. Discouragement, self-reproach, humiliation, and anger can lead to feelings of emptiness and worthlessness. The person may feel worse at night, with nightmares or insomnia. **(21)**

#### **3.2.13.3. Calcareo Carbonica**

A dependable, industrious person who becomes overwhelmed from too much worry, work, or physical illness may benefit from this remedy. Anxiety, fatigue, confusion, discouragement, self-pity, and a dread of disaster may develop. A person who needs this remedy often feels chilly and sluggish and easily tires on exertion. **(21)**

#### **3.2.13.4. Causticum**

A person who feels depressed because of grief and loss (either recent or over time), may benefit from this remedy. Frequent crying or a feeling of mental dullness and forgetfulness (with anxious checking to see if the door is locked, if the stove is off, etc.) are other indications. People who need this remedy are often deeply sympathetic toward others and, having a strong sense of justice, can be deeply discouraged or angry about the world.

#### **3.2.13.5. Cimicifuga**

Cimicifuga is used for people who feel as if they are under a heavy black cloud. A person who needs this remedy can be energetic and talkative when feeling well, but upset and gloomy when depressed, with exaggerated fears (of insanity, of being attacked, of disaster). Painful menstrual periods and headaches that involve the neck, are often seen when this remedy is needed. **(21)** So it may help post-natal or pre-menstrual depression, as it is a good remedy for a range of gynecological problems.

#### **3.2.13.6. Ignatia Amara**

Sensitive people who suffer grief or disappointment and try to keep the hurt inside may benefit from this remedy. Wanting not to cry or appear too vulnerable to others, they may seem guarded, defensive, and moody. They may also burst out laughing, or into tears, for no apparent reason. A feeling of a lump in the throat and heaviness in the chest with frequent sighing or yawning are strong indications for Ignatia. It is the remedy of choice for depression as result of grief after a loved one dies, or a partner leaves our patient. Insomnia (or excessive sleeping), headaches, and cramping pains in the abdomen and back are also often seen.

#### **3.2.13.7. Kalii Phosphoricum**

If a person feels depressed after working too hard, being physically ill, or going through prolonged emotional stress or excitement, this remedy can be helpful. Exhausted, nervous, and jumpy, they may have difficulty working or concentrating—and become discouraged and lose confidence. Headaches from mental effort, easy perspiration, sensitivity to cold, anemia, insomnia, and indigestion are often seen when this remedy is needed.

### **3.2.13.8. Natrium Carbonicum**

Individuals who need this remedy are usually mild, gentle, and selfless—making an effort to be cheerful and helpful and avoiding conflict whenever possible. After being hurt or disappointed, they can become depressed, but keep their feelings to themselves. Even when feeling lonely, they withdraw to rest or listen to sad music, which can isolate them even more. Nervous and physically sensitive (to sun, to weather changes, and to many foods, especially milk), they may also get depressed when feeling weak or ill.

### **3.2.13.9. Natrium Muriaticum**

People who need this remedy seem reserved, responsible, and private yet have strong inner feelings (grief, romantic attachment, anger, or fear of misfortune), that they rarely show. Even though they want other people to feel for them, they can act affronted or angry if someone tries to console them, and need to be alone to cry. Anxiety, brooding about past grievances, migraines, back pain, and insomnia can also be experienced when the person is depressed. A craving for salt and tiredness from sun exposure are other indications for this remedy. **(21)**

### **3.2.13.10. Natrium Sulphuricum**

It is useful for depression in sensitive people who tend to listen to maudlin music. This remedy is particularly good if the depressive state starts after a head injury even some years later from the accident, and the sufferer also experience debilitating headaches as a result of the injury.

### **3.2.13.11. Platina**

Where depression is seen with contempt for others, great pride and self-esteem, Platina can often be useful. Hysterical alternations of laughing and weeping may be seen here. Platina symptoms are often worse for wounded pride or sexual excitement, worse indoors, worse in the evening and worse when spoken to. The Platina woman is likely to throw herself wholeheartedly into a relationship, with great romanticism and idealism and also very often disappointed. The essence of Platina is a schism and perversion of the mental and sexual spheres, in a proud and sensitive woman who has suffered repeated emotional disappointments, leading progressively to delusions of grandeur or aggressive erotic mania. **(24)**

### **3.2.13.12. Pulsatilla**

People who need this remedy have a childlike softness and sensitivity—and can also be whiny, jealous, and moody. When depressed, they are sad and tearful and suffer a great deal from loneliness, wanting a lot of attention and comforting. Crying, fresh air, and gentle exercise usually improve their mood. Getting too warm or being in a stuffy room can increase anxiety. Depression around the time of hormonal changes (puberty, menstrual periods, or menopause) can often be helped with Pulsatilla.

### **3.2.13.13. Sepia**

People who feel weary, irritable, and indifferent to family members, and worn out by the demands of everyday life may respond to this remedy. They want to be left alone and may respond in an angry or cutting way if anyone bothers them. They often feel better from crying, but would rather have others keep their distance and not try to console them or cheer them up. Menstrual problems, a sagging feeling in internal organs, sluggish digestion, and improvement from vigorous exercise are other indications for this remedy.

### **3.2.13.14. Staphysagria**

Quiet, sensitive, emotional people who have difficulty standing up for themselves may benefit from this remedy. Hurt feelings, shame, resentment, and suppressed emotions can lead them to depression. If under too much pressure, they can sometimes lose their natural inhibition and fly into rages or throw things. A person who needs this remedy may also have insomnia (feeling sleepy all



day, but unable to sleep at night), toothaches, headaches, stomachaches, or bladder infections that are stress-related. **(23)**

### **3.2.14. What to Expect as the Remedies Work**

Just as the symptoms and causes of depression are different in different people, so are the ways to feel better. What works for one person might not work for another, and no one treatment is appropriate in all cases. If you recognize the signs of depression in yourself or a loved one, take some time to explore the many treatment options. In most cases, the best approach involves a combination of social support, lifestyle changes, emotional skills building, and professional help. Homeopathic remedies work by raising your energy. When depressed you usually also feel emotionally flat and physically lethargic. As your energy improves, motivation and enthusiasm spark again. You feel more sociable because you feel less disconnected from other people. You feel lighter emotionally, more engaged in your interactions with others, and when you regain your sense of humor, you are able to have more fun. But the most important is to feeling fulfilled and to can find meaning in your life, in order to rediscover your sense of purpose you need to consider what you must change in order to provide opportunities for fulfillment.



**Figure 9.** Bottles of Homeopathic remedies.

## 3.3. Somatoform Disorders

### 3.3.1. Definition

**Dr. Samuel Hahnemann**, introduced the concept of complete individual with his body and mind working in perfect harmony and in sickness the man is sick as a whole and not merely his tissues and organs. He said, 'every individual is different totally from the other individual in both health and sickness though they may be suffering from the same disease as named in medical terminology'. He introduced the concept of INDIVIDUALLITY. He further said, 'in all manner of corporeal diseases the Mental Symptoms are most important in any given totality of any individual, next are his corporeal symptoms, and in the last are the ultimate's or the results of the disease'. However, in mental sickness, insanity, imbecility, etc., the corporeal symptoms become important general symptoms, and the mental become the common symptoms. He said, 'every sickness in man is essentially psychosomatic. The man first becomes sick in his mind and then in his corporeal body.' Those, long before Dr. Sigmund Freud, Hahnemann understood the significance of human mind and said, 'any symptom that the body physically or pathologically exhibits is the by-product of aggrieved mind.' Dr. J.T. Kent, a follower of Hahnemann, has gone to the extent of saying, 'human body is the government and the mind the central government. There is a quick communication between the human mind and the body through the nerve fiber. Thus, a psychosomatic disorder is the result of chronic or severe disruption of the delicate homeostatic balance of the body arising from emotional stress. Such a condition may involve any of the organ system and usually requires both medical and psychotherapeutic approach. An EMOTION is a response of the total organism of person in which the normal pattern of physiological balance is altered to prepare the organism for extensive or less specific emergency action it may involve subjective or objective experiences.' (25)

In psychology, a somatoform disorder is a mental disorder characterized by physical symptoms that suggest physical illness or injury, symptoms that cannot be explained fully by a general medical condition, direct effect of a substance, or attributable to another mental disorder (e.g. panic disorder). The symptoms that result from a somatoform disorder are due to mental factors. In people who have a somatoform disorder, medical test results are either normal or do not explain the person's symptoms. Patients with this disorder often become worried about their health because the doctors are unable to find a cause for their health problems. This causes severe stress, due to preoccupations with the disorder that portrays an exaggerated belief about the severity of the disorder. Symptoms are sometimes similar to those of other illnesses and may last for several years. Usually, the symptoms begin appearing during adolescence, and patients are diagnosed before the age of 25 years.

Somatoform disorders are not the result of conscious malingering (fabricating or exaggerating symptoms for secondary motives) or factitious disorders (deliberately producing, feigning, or exaggerating symptoms), sufferers perceive their plight as real. Additionally, a somatoform disorder should not be confused with the more specific diagnosis of a somatization disorder. Mental disorders are treated separately from physiological or neurological disorders. Somatoform disorder is difficult to diagnose and treat since doing so requires psychiatrists to work with neurologists on patients with this disorder.

### 3.3.2. Causes of Psychosomatic Diseases

The causes of psychosomatic diseases are numerous. Here are the main ones. First, genetics, which commands a part of the richness of the links between temporal nervous system and vegetative nervous system, which conditions the effect of stress, of depression onto the body. Some people may never have psychosomatic diseases, even if they are stressed. Besides, stress is not the only cause of those diseases, but the way we manage stress. For example, if we deny a problem, it will go down in unconscious easier than if you look at the problem in front. It very important to get aware of denying problems, that which is, by definition impossible for the subject himself. Help of therapists or external sight needed.

After stress, another cause is depression. Depression may induce symptoms even if the subject doesn't seem depressed. We call that hidden depression. **(26)**

### 3.3.3. Classification of Somatoform According DSM-IV-TR (19)

Soma, (body in Greek), refers to the body of an organism. The somatoform disorders take the form of body or physical disorders. However, no physical lesion can be found which satisfactorily explains the reported symptoms. The **DSM-IV-TR** lists the following:

- Somatization disorder
- Conversion disorder
- Pain disorder
- Hypochondriasis
- Body dysmorphic disorder **(50)**

**The DSM III, has dropped the category of Psychosomatic diseases, but according to the DSM II classification, it has listed categories of psycho-physiologic disorder:**

1. Skin disorders
2. Musculoskeletal disorders
3. Respiratory disorders
4. Cardiovascular disorders
5. Genitourinary disorders
6. Endocrine disorders
7. Disorders of organ of special sense – Chronic conjunctivitis
8. Disorder of other types – Disturbances in the nervous system in which emotional factors play a significant role, such as multiple sclerosis.

### 3.3.4. Different Somatizations

Here is a list of psychosomatic disorders. It doesn't mean that each is exclusively psychosomatic, but inclusively: it may not at all be! Your family physician can diagnose it and also, it's sometimes difficult to separate between system nervous and cardiovascular, because, many disorders touch more than one organ.

- **Nervous system:** headache, twitching, neurovegetative disorders (which may include a lot of other following disorders).
- **Digestive system:** gastric ulcer (with *Helicobacter Pylori*, hyperacidity then stress may induce ulcers), colopathy (constipation or diarrhea)
- **Cancers:** In fact we cannot say that the cancer is a psychosomatic disorder, there are genetics pathology, surroundings factors, and psychosomatic factors
- **Rheumatism and osteo-musle disorders:** arthritis, lumbago, in which we can encounter for example loss of freedom in environment that produces the same type of limitation in the body. In a way, the body says: look at me, I can do nothing.

- **Cardiovascular system:** arterial hypertension, throbbing of heart, infarct.  
Many processes can be seen in those cases. They can be the consequence of double bounded situation, of which I spoke above. The only action body finds is to increase tension before it depresses and loses its energy. Throbbing of heart shows anxiety coming soon. For example, a month before an exam, you can feel anxious in stomach. A day before, it may be in heart. The upper level, the “quicker” anxiety. But besides this, throbbing may show that you deny problem you’re in front of. So you have to look at things as they are. As for infarction: first, you have a certain type of personality who can develop coronaries disease: Intolerance to frustration is the key point. And also, your infarction does not appear haphazardly: frustration is not far in the past maybe.
- **Immunologic disorders:** allergy: asthma. connectivitis. Asthma is a rich psychosomatic manifestation. Summing up: been out-of-breath, symbolically. As for connectivitis, it’s difficult to find understanding ways which would explain this problem.
- **Infections, wherever they take place:** for instance, tonsillitis if often repeated, may come when you have something to say that you cannot dare to say.
- **Endocrine diseases:** hyperthyroidism (both auto immune and endocrine disorder), diabetes.
- **Lungs diseases:** cough, dyspnea.
- **Nutritive function disorders:** anorexia, bulimia.
- **Gynecology and Obstetrics:** dysmenorrhiae.
- **Sexology:** “ejaculatio ante portas”, impotence, anaphrodisy ( loss of pleasure): sex is a high place of somatization.
- **Dermatology:** psoriasis, eczema.
- Child psychosomatic troubles (Chronic Abdominal Pain, Enuresis, appetite troubles) in which the relation child -mother is so important.

### 3.3.5. Which Diseases are Psychosomatic

To an extent, most diseases are ‘psychosomatic’ – involving both mind and body. There is a mental aspect to every physical disease. How we react to and cope with disease varies greatly from person to person. For example, the rash of psoriasis may not bother some people very much. However, the rash covering the same parts of the body in someone else may make them feel depressed and more ‘ill’.

There can be physical effects from mental illness. For example, with some mental illnesses you may not eat or take care of yourself very well which can cause physical problems. However, the term psychosomatic disorder is mainly used to mean “a physical disease that is thought to be caused, or made worse, by mental factors”.

Some physical diseases are thought to be particularly prone to be made worse by mental factors such as stress and anxiety. For example, psoriasis, eczema, stomach ulcers, high blood pressure, and heart disease. It is thought that the actual physical part of the illness, (the extent of a rash, the level of the blood pressure, etc) can be affected by mental factors. This is difficult to prove. However, many people with these, and other physical diseases, say that their current mental state can affect how bad their physical disease is at any given time.

Some people also use the term psychosomatic disorder when mental factors cause physical symptoms, but where there is no physical disease. For example, a chest pain may be caused by stress, and no physical disease can be found. Physical symptoms that are caused by mental factors are discussed further in another leaflet called ‘Somatization and Somatoform Disorders’.

### **3.3.6. How Can the Mind Affect Physical Diseases**

It is well known that the mind can cause physical symptoms. For example, when we are afraid or anxious we may develop: a fast heart rate, palpitations, feeling sick, shaking (tremor), sweating, dry mouth, chest pain, headaches, a 'knot in the stomach', and fast breathing. These physical symptoms are due to an 'overdrive' of nervous impulses sent from the brain to various parts of the body, and to the release of adrenaline into the bloodstream when we are anxious.

However, the exact way that the mind can cause certain other symptoms is not clear. But we can make a classification according to the different domain influenced from the brain function:

#### **Cognitive domain**

Symptoms and complaints include:

- mental 'excitability'
- excessive worry
- inability to concentrate
- inability to sustain intellectual and cognitive activity
- complaints about poor memory
- inefficient, ineffective or unproductive thinking
- unrealistically poor assessment of one's life conditions and own value or appearance

#### **Emotional domain**

Some common symptoms include:

- 'irritability'
- dysphoria
- emotional tension
- anhedonia
- 'vexatiousness' annoyance.

#### **Somatic domain**

- headache and other pain (usually predominates)
- excessive sensitivity to noise and other sensory stimuli
- non-specific aches and pains
- intolerance of environmental temperature change (especially cold)
- general physical weakness
- dyspepsia and other gastro-intestinal problems
- dizziness
- palpitations
- sexual dysfunction

#### **Energy domain**

- 'Fatigability' (rapid and excessive tiredness following even minimal physical or mental exertion)
- General physical weakness and fatigue
- Lack of energy

## Sleep domain

Symptoms and complaints commonly include:

- Insomnia, including all forms of poor sleep
- sense of sleep failing to refresh
- interrupted sleep
- frequent disturbing dreams

In describing their somatic experiences the patients may be using formulations characteristic from their culture .

These symptoms should not be directly attributable to a current organic disease process, although they may follow an episode of physical illness. **(27)**

### 3.3.7. Materia Medica

The most common homeopathic remedies in this disorder are the followings from Materia Medica of Kent **(10)**, Boericke **(11)** and Vithoulkas **(20)**:

- **Arsenicum Album**
- **Carcinosinum**
- **China**
- **Gelsemium Sempervirens**
- **Ignatia Amara**
- **Kali Phosphoricum**
- **Lachesis**
- **Nux Moschata**
- **Natrium Carbonicum**
- **Natrium Muriaticum**
- **Picric Acid**
- **Platina**
- **Sulphur**
- **Nux Vomica**
- **Zincum Phosphoricum**
- **Silicea**
- **Staphysagria**



**Figure 10.** Gelsemium Sempervirens

#### 3.3.7.1. Carcinosinum

Keyword for Carcinosinum is ordered chaos. They are generous, dancing, sympathetic, lively people. Fastidiousness is strong , in the way of perfectly matched outfits, co-ordinated clothes , socks of exactly equal length. They seek perfection . Excessive self-control and a very strong sense of responsibility connected to guilt .Sympathetic affectionate. Love of storms, very sensitive to criticism, offended easily and yielding by nature.

Great fear of cancer .They can be artistic, love to dance, love music and even in the womb they move to music .They like to travel. **(12)**

#### 3.3.7.2. China

Introverted, idealistic, very excitable and extremely touchy or irritable, especially in teenagers.

Fear of dogs. They have great fantasies especially at night and build castles in the air. Weakened and enveloped in self-protective apathy. They feel unfortunate and complain that they are hindered in their work by some persons or organizational difficulty. They can feel rejected, unloved and persecuted and can blame others for their own misfortune.

Leaking emotionally and physically. Artistic. Great weakness after debilitation from above causation . Periodic complains. **(12)**.

#### **3.3.7.3. Ignatia Amara**

In the picture of this remedy the person affected will be either quit and withdrawn but visibly struggling to control its feelings or obviously and even loudly distressed. Laughter and tears often alternate. The depression is usually an extension of grief and precipitated by loss either a death or the break-up of a relationship and usually will not last very long in this intensely agitated form. Music often improves the mood. **(13)**

#### **3.3.7.4. Natrium Muriaticum**

The Natrium Muriaticum symptoms especially those of depressive mood may be so well concealed that are not recognized at all .The person tends to mask personal feelings by extending them to the universal human condition. He will certainly prefer to suffer alone, mulling over the past, dwelling on painful memories, nursing hurts, rejecting sympathy for fear that is not real. He may suffer from chronic guilt, hoarding his memories of injury and self – condemnation, unwilling to have them taken from him. There may be occasional flashes of gallows humor, black jokes about despair. In certain cases laughing and crying may alternate.

His depression may be permanent, a sort of pessimistic, melancholy attitude to life in general, a chronic state of tiredness of life, of longing for death.

This particular kind of depression is commonly the result of anger turned inwards and often the long-term consequence of unresolved grief, which may be triggered by childbirth or a death or loss of love. It can come on aftershock or grief. It is usually worse in the spring. **(13)**

#### **3.3.7.5. Nux Vomica**

Keynotes for Nux Vomica are: strongly ambitious, ruled by goals and seeking to achieve. Fear of marriage and of intimacy. Irritable and impatient, cannot abide queuing, curse other drivers. Critical and fastidious. Aggressive and quarrelsome as an habit. Strong sexual energy. Chilly people addicted to coffee and to alcohol stimulants.

Sensitive to noise, odors, lights, touch, pressure of clothes, especially around the waist. **(12)**

### **3.3.8. What to Expect as the Remedy Works**

Homeopathy is excellent for Psychosomatic ailments. The psychosomatic disorders like Migraine, Asthma, Acidity, Peptic ulcer, Allergy, Ulcerative colitis, etc. are successfully treated with homeopathy. Homeopathy has long recognised the psychological origin of somatic (body) symptoms. Homeopathy always examines patient's mental make-up in all cases and remedies are given acting at the level of mind and body together, thus eradicating the disease. Perhaps no other system of medicine has such a superb approach of tackling the mind-body disorders with definite therapeutic agents. Homeopathic remedies are capable of influencing the state of mind. They can specifically act to alleviate emotional disturbance such as excessive anxiety, irritability, insecurity, obsessive traits, undue jealousy, suspicion (paranoid) fears, depression, neurosis etc. By relieving the emotions such as above, homeopathic remedies bring about harmonious state of health. Thus homeopathy demonstrates the possibility of the highest goal of medicine, the therapy for the person rather than for the disease alone. Homeopathic remedies can cure mental and emotional disturbed states. **(26)**

## 3.4. Schizophrenia

### 3.4.1. Definition

Schizophrenia, is a mental disorder characterized by a breakdown of thought processes and by poor emotional responsiveness. It most commonly manifests itself as auditory hallucinations, paranoid or bizarre delusions, or disorganized speech and thinking, and it is accompanied by significant social or occupational dysfunction. The onset of symptoms typically occurs in young adulthood, with a global lifetime prevalence of about 0.3–0.7%. Diagnosis is based on observed behavior and the patient's reported experiences.

Genetics, early environment, neurobiology, and psychological and social processes appear to be important contributory factors; some recreational and prescription drugs appear to cause or worsen symptoms. Current research is focused on the role of neurobiology, although no single isolated organic cause has been found. The many possible combinations of symptoms have triggered debate about whether the diagnosis represents a single disorder or a number of discrete syndromes. Despite the etymology of the term from the Greek roots *skhizein* (σχίζειν, "to split") and *phrēn*, *phren-* (φρήν, φρεν-; "mind"), schizophrenia does not imply a "split mind" and it is not the same as dissociative identity disorder—also known as "multiple personality disorder" or "split personality"—a condition with which it is often confused in public perception.

The mainstay of treatment is antipsychotic medication, which primarily suppresses dopamine (and sometimes serotonin) receptor activity. Psychotherapy and vocational and social rehabilitation are also important in treatment. In more serious cases where there is risk to self and others, involuntary hospitalization may be necessary, although hospital stays are now shorter and less frequent than they once were.

The disorder is thought mainly to affect cognition, but it also usually contributes to chronic problems with behavior and emotion. People with schizophrenia are likely to have additional (comorbid) conditions, including major depression and anxiety disorders; the lifetime occurrence of substance abuse is almost 50%. Social problems, such as long-term unemployment, poverty and homelessness, are common. The average life expectancy of people with the disorder is 12 to 15 years less than those without, the result of increased physical health problems and a higher suicide rate, about 5%. ( 50 )

### 3.4.2. Symptoms

A person diagnosed with schizophrenia may experience hallucinations (most reported are hearing voices), delusions (often bizarre or persecutory in nature), and disorganized thinking and speech. The latter may range from loss of train of thought, to sentences only loosely connected in meaning, to incoherence known as word salad in severe cases. Social withdrawal, sloppiness of dress and hygiene, and loss of motivation and judgment are all common in schizophrenia. There is often an observable pattern of emotional difficulty, for example lack of responsiveness. Impairment in social cognition is associated with schizophrenia, as are symptoms of paranoia; social isolation commonly occurs. In one uncommon subtype, the person may be largely mute, remain motionless in bizarre postures, or exhibit purposeless agitation, all signs of catatonia.

Late adolescence and early adulthood are peak periods for the onset of schizophrenia, critical years in a young adult's social and vocational development. In 40% of men and 23% of women diagnosed with schizophrenia, the condition manifested itself before the age of 19. To minimize the developmental disruption associated with schizophrenia, much work has recently been done to identify and treat the prodromal (pre-onset) phase of the illness, which has been detected up to 30



months before the onset of symptoms. Those who go on to develop schizophrenia may experience transient or self-limiting psychotic symptoms and the non-specific symptoms of social withdrawal, irritability, dysphoria, and clumsiness during the prodromal phase. ( 51 )

### **3.4.3. Causes of Schizophrenia**

It is difficult to identify the causes of schizophrenia, but research suggests that several physical, genetic, psychological and environmental factors interact and make people more likely to develop the condition. Current thinking is that some people may be prone to schizophrenia, but sometimes a stressful or emotional life event might trigger a psychotic episode. However, it is not known why some people develop symptoms while others do not.

There are some risk factors for schizophrenia that you cannot change. These include:

#### **3.4.3.1. Genetics**

Schizophrenia tends to run in families, but no individual gene is responsible. It is more likely that different combinations of genes might make people more vulnerable to the condition. However, having these genes does not necessarily mean that you will develop schizophrenia.

Evidence that the disorder is partly inherited comes from studies of identical twins brought up separately. They were compared with non-identical twins raised separately, as well as with the general public. For identical twins raised separately, if one twin develops schizophrenia, the other twin has a one in two chance of developing it. In non-identical twins, who share only half of each other's genetic make-up, when one twin develops schizophrenia, the other twin has a one in seven chance of developing the condition.

While this is higher than in the general population (where the chance is about one in a 100), it suggests that genes are not the only factor influencing the development of schizophrenia.

#### **3.4.3.2. Brain Development**

Many studies of people with schizophrenia have shown that there are subtle differences in the structure of their brains or small changes in the distribution or number of brain cells. These changes are not seen in everyone with schizophrenia and they can occur in people who do not have a mental illness, but they suggest that schizophrenia may partly be a disorder of the brain.

#### **3.4.3.3. Neurotransmitters**

These are the chemicals that carry messages between brain cells. There is a connection between neurotransmitters and schizophrenia because drugs that alter the levels of neurotransmitters in the brain are known to relieve some of the symptoms of schizophrenia. Research suggests that schizophrenia may be caused by a change in the level of two neurotransmitters, dopamine and serotonin. Some studies indicate that an imbalance between the two may be the basis of the problem. Others have found that a change in the body's sensitivity to the neurotransmitters is part of the cause of schizophrenia.

#### **3.4.3.4. Infection**

There is some evidence from research that certain viral infections, including the polio virus and the flu virus, may play a role in the development of schizophrenia.

#### **3.4.3.5. Pregnancy and Birth Complications**

Although the effect of pregnancy and birth complications is very small, research has shown that the following conditions may make a person more likely to develop schizophrenia in later life:

- bleeding during pregnancy, gestational diabetes or pre-eclampsia.
- abnormal growth of a baby while in the womb, including low birth weight or reduced head circumference.
- exposure to a virus while in the womb.
- complications during birth, such as a lack of oxygen (asphyxia) and emergency caesarean section

#### **3.4.3.6. Head Injury**

Traumatic head injury, such as the kind sustained in a fall or a traffic accident, may make people more likely to develop schizophrenia, but it is not known why this happens. Research has also suggested that head injuries during childhood could lead to the development of schizophrenia in people who are already prone to it. (52 )

### **3.4.4. Triggers**

There are some known triggers for schizophrenia.

#### **3.4.4.1. Stress**

The main psychological triggers of schizophrenia are stressful life events, such as a bereavement, losing your job or home, a divorce or the end of a relationship, or physical, sexual, emotional or racial abuse. These kinds of experiences, though stressful, do not cause schizophrenia, but can trigger its development in someone who is already vulnerable to it.

#### **3.4.4.2. Drug Abuse**

Drugs do not directly cause schizophrenia, but studies have shown that drug misuse increases the risk of developing schizophrenia or a similar illness. Certain drugs, particularly cannabis, cocaine, LSD or amphetamines, may trigger some of the symptoms of schizophrenia, especially in people who are susceptible. Using amphetamines or cocaine can lead to psychosis and can cause a relapse in people who are recovering from an earlier episode. Three major studies have shown that teenagers under 15 who use cannabis regularly, especially 'skunk' and other more potent forms of the drug, are up to four times more likely to develop schizophrenia by the age of 26.

### **3.4.5. Diagnosis of Schizophrenia**

Schizophrenia is diagnosed based on criteria in both the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, version DSM-IV-TR. (19)

#### **3.4.5.1. Criteria**

According to the revised fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR), to be diagnosed with schizophrenia, three diagnostic criteria must be met.

#### **Characteristic symptoms:**

1. Two or more of the following, each present for much of the time during a one-month period (or less, if symptoms remitted with treatment).
  - Delusions
  - Hallucinations
  - Disorganized speech, which is a manifestation of formal thought disorder

- Grossly disorganized behavior (e.g. dressing inappropriately, crying frequently) or catatonic behavior
- Negative symptoms: Blunted affect (lack or decline in emotional response), alogia (lack or decline in speech), or avolition (lack or decline in motivation)

If the delusions are judged to be bizarre, or hallucinations consist of hearing one voice participating in a running commentary of the patient's actions or of hearing two or more voices conversing with each other, only that symptom is required above. The speech disorganization criterion is only met if it is severe enough to substantially impair communication.

2. Social or occupational dysfunction: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care, are markedly below the level achieved prior to the onset.
3. Significant duration: Continuous signs of the disturbance persist for at least six months. This six-month period must include at least one month of symptoms (or less, if symptoms remitted with treatment).

### 3.4.5.2. Subtypes

The DSM-IV-TR contains five sub-classifications of schizophrenia, although the developers of DSM-5 are recommending they be dropped from the new classification:

- Paranoid type: Delusions or auditory hallucinations are present, but thought disorder, disorganized behavior, or affective flattening are not. Delusions are persecutory and/or grandiose, but in addition to these, other themes such as jealousy, religiosity, or somatization may also be present.
- Disorganized type: Named *hebephrenic schizophrenia*. Where thought disorder and flat affect are present together.
- Catatonic type: The subject may be almost immobile or exhibit agitated purposeless movement. Symptoms can include catatonic stupor and waxy flexibility.
- Undifferentiated type: Psychotic symptoms are present but the criteria for paranoid, disorganized, or catatonic types have not been met.
- Residual type: Where positive symptoms are present at a low intensity only.

The ICD-10 defines two additional subtypes:

- Post-schizophrenic depression: A depressive episode arising in the aftermath of a schizophrenic illness where some low-level schizophrenic symptoms may still be present.
- Simple schizophrenia: Insidious and progressive development of prominent negative symptoms with no history of psychotic episodes. **(19)**

### 3.4.5.3. Differential

Psychotic symptoms may be present in several other mental disorders, including bipolar disorder-borderline personality disorder, drug intoxication and drug-induced psychosis. Delusions ("non-bizarre") are also present in delusional disorder, and social withdrawal in social anxiety disorder, avoidant personality disorder and schizotypal personality disorder. Schizophrenia is comorbid with obsessive-compulsive disorder (OCD), considerably more often than could be explained by pure chance, although it can be difficult to distinguish obsessions that occur in OCD from the delusions of schizophrenia.

### 3.4.6. Materia Medica

Homeopathic medicines are suggested as suitable adjuncts to neuroleptic therapy due to their relative safety and absence of side-effects. (28), (20)

Remedies can act quick or they can take a long time to take effect. The polycrests in the cases of schizophrenia are mentioned below.

- **Anacardium Orientale**
- **Aconitum**
- **Arsenicum Album**
- **Belladonna**
- **Cannabis Indica**
- **Helleborus**
- **Stramonium Datura**
- **Hyoscyamus**
- **Veratrum Album**
- **Nux Vomica**
- **Opium**
- **Phosphorus**
- **Pulsatilla**
- **Mercurius**
- **Lachesis**
- **Sepia**
- **Sulphur**
- **Tarentula Hispanica**



Figure 11. Nux Vomica

#### 3.4.6.1. Anacardium Orientale

An Anacardium personality in the mental pathology is the ever-present sense of a split between two contradictory wills, two parts of the personality, the tormented conflict between good and evil, angel and evil, is reined. Voices are sometimes heard from outside, telling the sufferer to kill in the name of god. There is a mark of paranoia with delusion of persecution and intrusive thoughts. The person may have hallucinations that demons, spirits and monsters are attacking it, that Satan must be destroyed, or it may have delusions that one of the family is possessed by the devil.

The patient suffers from dramatic alternations of mood, deep guilt and torment about his soul and salvation alternating with mania, maliciousness and impulsiveness. What is characteristic of the Anacardium way of being with this symptoms is that there is wild violence. The person may swear and curse impulsively and be unrestrainedly angry and violent. It has lost the sense of reality which normally controls its behaviour. There is a danger of suicide brought on by a desperate desire to get rid of the intrusive thoughts. (13)

#### 3.4.6.2. Arsenicum Album

This remedy contains within itself the pattern of bi-polar disorder, which is restless, enthusiastic driven activity followed by exhaustion. The patients are always in a hurry and restless, swing easily between fear –anxiety and excitement –irritability, and have lots of ideas overflowing from their brain.

The Arsenicum remedy picture also contains the pattern of the illness labelled as paranoid schizophrenia: the tendency to suspect that friends have been offended and hate one. There may come a time when this may acquire the status of a delusion, when sufferers may become convinced that they are being watched, pursued by enemies, conspired against, that murder has been plotted against them and that they have to murder someone.

Their normal fastidiousness and anxiety about germs and contamination may developed into the fixed idea that they are being poisoned, that rats and others vermin are all over the bed, all over the house. Tormenting thoughts of disease may intrude and crowd around each other. The impulsiveness around knives may become a real desire to kill. Whatever the disease label, you will always see beneath the symptoms the perfectionism, restlessness, meticulousness and the need for control characteristic of Arsenicum.

#### **3.4.6.3. Lachesis**

In this remedy picture is usually a restless nervous excitement with a tendency to jealousy and suspicion. In a mental serious disorder you may see a severely agitated, manic state with a tendency to mock others. Sufferers are endlessly loquacious and don't stop until they have exhausted themselves and everyone else .They change the subject rapidly, have abundant ideas and flights of fancy, and are excitable and exhilarated. You may see an exaggeration of their natural suspiciousness into paranoia and fantasies or delusions of persecution; in general the person feels controlled and influenced by others, has delusions that he is being poisoned, that there are conspiracies against him. He thinks that he is under a powerful influence, that he will be injured, that he is pursued and has persistent thoughts of evil.

As his sense of identity disintegrates he begins to think he is someone else, or that he is two people. There is always a strong sexual component in the madness of Lachesis. What is characteristic is excitability with suspicion, jealousy and high sexuality. **(13)**

#### **3.4.6.4. Phosphorus**

The kind of mental breakdown which might be associated with a Phosphorus state is likely to be much more peaceful (from the outside) than most. The persistent problem with establishing boundaries between oneself and others, between oneself and other worlds, will be magnified: the patient will see ghosts, have hallucinations of the dead, see faces, devils and other frightful images. He will hear voices, become even more clairvoyant or clairaudient than usual, and may have erotic delusions.

This remedy may also be useful in mania, where the manic behaviour is liable to take the form of doing things for other people, for example collecting vast sums of money for charity, then spending it on a holiday.

Characteristic will be the unsubstantial, unearthed quality of the state, and the sufferer's strong desire for company. **(13)**

#### **3.4.6.5. Platinum Metallicum**

This mental state is often profoundly disturbed with severe confusion .The characteristic tendency to look down on others and to feel elevated and proud will be exaggerated. Sufferers are very often extremely irritable and at times violent . In a manic phase they are full of their own self-importance , in the down phase they are deeply depressed .When the psychotic state is severe their body image becomes fragmented , they feel that their arm or limbs are not attached to them.

The feeling of being more important than others may overwhelm them either temporarily or permanently, they can become trapped in the condition labelled schizophrenia, feeling or having delusions that they are royalty, Napoleon descendents or of the royal Russian family. They may have fantasies that everything is small, everybody is mentally and physically inferior, that they themselves are large and superior, they may even sense themselves growing bigger. They may develop mania. The characteristic feature of the Platina however, would be the attitude of haughtiness combined with an obsession with sexual matters. **(12)**

#### **3.4.6.6. Stramonium**

This will be probably the most useful remedy to use in an acute state where the person goes into a highly agitated, active, driven violent state with hallucinations, convulsions and constant uncoordinated movement. There will be restlessness, rage and a great deal of destruction and violence in this kind of psychic state. The person will want to take off his clothes, smash things, fight bite, tear up clothes. He will be incoherently talkative, compulsively shouting and swearing. Or he may be silent withdrawn and catatonic: collapsed in a heap on the floor picking at his clothes. This is the most valuable acute remedy for those symptoms.

Wherever we see glimpses of this uncontrolled eruption of deep unconscious fears with rage and violence we think of Stramonium.

We may see the characteristic fears and anxieties of this remedy developing: fear of the dark, of cemeteries, tunnels, closed places, and of large bodies of water.

A Stramonium state may be brought on, in a susceptible person, by a frightening situation: an operation, a violent rape or attack, a bad trip on LSD or ecstasy. Possibly even by strong lights because of the fear of and effect of flashing lights. **(13)**

#### **3.4.7. What to Expect from Homeopathic Treatment**

*“In the healthy human state, the spirit-like life force that enlivens the material organism as dynamics, governs without restriction and keeps all parts of the organism in admirable, harmonious, vital operation, as regards both feelings and functions, so that our indwelling, rational spirit can freely avail itself of this living, healthy instrument for the higher purposes of our existence.” Organon of Rational Healing – Samuel Hahnemann*

Health and disease are matters of spirit and much of disease is considered to be due to “soul loss”, a loss of some part of a patient’s essence. According to this model, soul loss can occur by being taken by another or as a result of such trauma as abuse, loss of a loved one, surgery, accident, addiction. The basic premise being that whenever we experience trauma, a part of us leaves in order to survive the experience, to escape the full impact of the pain. Much of our life is then spent in search for these lost parts, generating dreams, choosing different spiritual paths, creating relationships that mirror back to us our missing parts. For deep healing, soul healing, these parts need to be recovered, returned to wholeness.

## 3.5. Delirium, Dementia, Amnesic and Other Cognitive Disorders

### 3.5.1. Delirium

#### 3.5.1.1. Definition

Delirium is a reversible state of global cortical dysfunction characterized by alterations in attention and cognition and produced by a definable precipitant.

#### 3.5.1.2. Etiology

Delirium is a syndrome with many causes, for this reason is categorized by its etiology as due to general medical conditions, substance-related, or multifactorial in origin, this means that can be produced by a combination of minor illnesses and minor metabolic derangements.

#### 3.5.1.3. Table 1. Common causes of Delirium

General Medical	Substance-Related
<ul style="list-style-type: none"> <li>• <u>Infectious</u> <ul style="list-style-type: none"> <li>○ Urinary tract infections</li> <li>○ Meningitis</li> <li>○ Pneumonia</li> <li>○ Sepsis</li> </ul> </li> <li>• <u>Metabolic</u> <ul style="list-style-type: none"> <li>○ Hyponatremia</li> <li>○ Hepatic encephalopathy</li> <li>○ Hypoxia</li> <li>○ Hypercarbia</li> <li>○ Hypoglycemia</li> <li>○ Fluid imbalance</li> <li>○ Uremia</li> <li>○ Hypercalcemia</li> </ul> </li> <li>• <u>Postsurgical</u></li> <li>• <u>Hyper/hypothyroidism</u></li> <li>• <u>Ictal/postictal</u></li> <li>• <u>Head trauma</u></li> <li>• <u>Miscellaneous</u> <ul style="list-style-type: none"> <li>○ Fat emboli syndrome</li> <li>○ Anemia</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <u>Intoxication</u> <ul style="list-style-type: none"> <li>○ Alcohol</li> <li>○ Hallucinogens</li> <li>○ Opioids</li> <li>○ Marijuana</li> <li>○ Stimulants</li> <li>○ Sedatives</li> </ul> </li> <li>• <u>Withdrawal</u> <ul style="list-style-type: none"> <li>○ Alcohol</li> <li>○ Benzodiazepines</li> <li>○ Barbiturates</li> </ul> </li> <li>• <u>Medication-induced</u> <ul style="list-style-type: none"> <li>○ Anesthetics</li> <li>○ Anticholinergics</li> <li>○ Meperidine</li> <li>○ Antibiotics</li> </ul> </li> <li>• <u>Toxins</u> <ul style="list-style-type: none"> <li>○ Carbon monoxide</li> <li>○ Organophosphates</li> </ul> </li> </ul>

*Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Cognitive Disorders, Delirium. Available at: [http://www.blackwellpublishing.com/content/BPL/Images/Content\\_store/Sample\\_chapter/9781405103343/murphy.pdf](http://www.blackwellpublishing.com/content/BPL/Images/Content_store/Sample_chapter/9781405103343/murphy.pdf)*

#### **3.5.1.4. Epidemiology**

The exact prevalence in the general population is unknown. Delirium occurs in 10% to 15% of general medical patient older than the age of 65 and is frequently seen post surgically and in intensive care units. Delirium is equally common in males and females.

#### **3.5.1.5. Signs and Symptoms**

Key features of delirium are:

1. Disturbance of consciousness, especially attention and level of arousal.
2. Alterations in cognition, especially memory, orientation, language and perception.
3. Development over a period of hours to days.
4. Presence of medical or substance-related precipitants.

In addition, sleep-wake disturbances and psychomotor agitation may occur. Delirium is often difficult to separate from dementia, in part because dementia is a risk factor of delirium (and thus they frequently co-occur) and in part because there is a great deal of symptom overlap. ( 53 )

### **3.5.2. Dementia**

#### **3.5.2.1. Definition**

Dementia is characterized by the presence of memory impairment in the presence of other cognitive defects. It can arise as a result of a specific disease, for example Alzheimer's disease or HIV infection; a general medical condition; or a substance-related condition; or it can have multiple etiologies. The definitive cause may not be determined until autopsy. Dementia is categorized according to its etiology.

#### **3.5.2.2. Etiology**

Generally, the etiology of dementia is brain neuronal loss that may be due to neuronal degeneration or to cell death secondary to trauma, infarction, hypoxia, infection, or hydrocephalus. The major discrete illnesses known to produce dementia are: Alzheimer's disease, vascular origin, HIV-relates, head trauma-related, Parkinson's-related, Huntington's-related, pick's-related, Creutzfeldt-Jacob-related, general medical origin.

In addition, there are a large number of general medical, substance-related, and multifactorial causes of dementia.

#### **3.5.2.3. Epidemiology**

The prevalence of dementia of all types is about 2% to 4% after age 65, increasing with age to a prevalence of about 20% after age 85.

#### **3.5.2.4. Signs and Symptoms**

##### ***History and Mental Status Examination***

Dementia is diagnosed in the presence of multiple cognitive defects not better explained by another diagnosis. The presence of memory loss is required; in addition, one or more cognitive defects in the categories of aphasia, apraxia, agnosia, and disturbance in executive function must be present. Table 2, compares characteristics of dementia to those of delirium. Dementia often develops insidiously over the course of weeks to years (although it may be abrupt after head trauma or vascular insult). Individuals with dementia usually have a stable presentation over brief periods of time, although they may also have nocturnal worsening of symptoms ("sundowning"). Memory impairment is often greatest for short-term memory. Recall of names is frequently impaired, as is recognition of familiar objects. Executive functions of organization and planning may be lost. Paranoia, hallucinations, and delusions are often present. Eventually, individuals with dementia may become mute, incontinent, and bedridden.



**Table 2. Delirium vs. Dementia**

	<b>Delirium</b>	<b>Dementia</b>
Onset	Hours to days	Weeks to years
Course/duration	Fluctuates within a day. May last hours to weeks	Stable within a day. May be permanent, reversible, or progressive over weeks to years
Attention	Impaired	May be impaired
Cognition	Impaired memory, orientation, language	Impaired memory, orientation, language, executive function
Perception	Hallucinations, delusions, misinterpretations	Hallucinations, delusions
Sleep/wake	Disturbed, may have complete day/night reversal	Disturbed, may have no pattern
Mood/emotion	Labile affect	Labile affect, mood disturbances
Sundowning	Frequent	Frequent
Identified precipitant	Likely precipitant is present	Identifiable precipitant not required

*Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Cognitive Disorders , Dementia. Available at: [http://www.blackwellpublishing.com/content/BPL/Images/Content\\_store/Sample\\_chapter/9781405103343/murphy.pdf](http://www.blackwellpublishing.com/content/BPL/Images/Content_store/Sample_chapter/9781405103343/murphy.pdf)*

### **Differential Diagnosis**

Dementia should be differentiated from delirium. In addition, dementia should be differentiated from those developmental disorders, (such as mental retardation), with impaired cognition. Individuals with major depression and psychosis can appear demented; they warrant a diagnosis of dementia only if their cognitive deficits cannot be fully attributed to the primary psychiatric illness. A critical component of differential diagnosis in dementia is to distinguish pseudodementia associated with depression, although there are many precise criteria for separating the two disorders. ( 56 )

## **3.5.3. Amnestic Disorders**

### **3.5.3.1. Definition**

Amnestic disorders are isolated disturbances of memory without impairment of other cognitive functions. They may be due to a general medical condition or substance related.

### **3.5.3.2. Etiology**

Amnestic disorders are caused by general medical conditions or substance use. Common general medical conditions include head trauma, hypoxia, herpes simplex encephalitis, and posterior cerebral artery infarction. Amnestic disorders often are associated with damage of the mammillary bodies, fornix, and hippocampus. Bilateral damage to these structures produces the most severe deficits. Amnestic disorders due to substance-related causes may be due to substance abuse, prescribed or over the counter medications, or accidental exposure to toxins. Alcohol abuse is a leading cause of substance related amnestic disorder. Persistent alcohol use may lead to thiamine deficiency and induce Wernicke-Korsakoff's syndrome. If properly treated, the acute symptoms of ataxia, abnormal eye movements, and confusion may resolve, leaving a residual amnestic disorder called Korsakoff's psychosis (alcohol induced persistent amnestic disorder).

### **3.5.3.3. Epidemiology**

Individuals affected by a general medical condition or alcoholism is at risk for amnestic disorders.

### **3.5.3.4. Signs and Symptoms**

#### ***History and Mental Status Examination***

Amnestic disorders present as deficits in memory, either in the inability to recall previously learned information or the inability to retain new information.

The cognitive defect must be limited to memory alone; if additional cognitive defects are present, a diagnosis of dementia or delirium should be considered. In addition to defect in memory, there must be an identifiable cause for the amnestic disorder (i.e., the presence of a general medical condition or substance use).

#### ***Differential Diagnosis***

Delirium and dementia are the major differential diagnostic considerations. Amnestic disorders are distinguished from dissociative disorders on the basis of etiology. By definition, amnestic disorders are due to a general medical condition or substance. **(29)**

## **3.5.4. Cognitive Disorders According DSM-IV-TR**

### **Delirium, Dementia, and Amnestic and Other Cognitive Disorders**

- Delirium
  - Delirium Due to a General Medical Condition
  - Substance Intoxication Delirium
  - Substance Withdrawal Delirium
  - Delirium Due to Multiple Etiologies
  - Delirium NOS
- Dementia
  - Alzheimer's
  - Creutzfeldt-Jakob Disease
  - Head Trauma
  - Huntington's Disease
  - HIV Disease
  - Parkinson's Disease
  - Pick's Disease
  - Substance-Induced Persisting
  - Vascular
  - Dementia Due to Other General Medical Conditions
  - Dementia Due to Multiple Etiologies
  - Dementia NOS
- Amnestic Disorders
  - Amnestic Disorder Due to a General Medical Condition
  - Substance-Induced Persisting Amnestic Disorder
  - Amnestic Disorder NOS
- Cognitive Disorder NOS. **(30)**

### **3.5.5. Materia Medica for Cognitive Disorders**

The more effective polycrystalline homeopathic remedies for cognitive disorders are according to Kent (10) and Vithoulkas (20) Materia Medica:

- **Alumina**
- **Ambra Grisea**
- **Arsenicum Album**
- **Baryta Carbonica**
- **Carbo Vegetabilis**
- **Chamomilla**
- **Conium**
- **Helleborus**
- **Hyosciamus**
- **Nux Vomica**
- **Nux Moscata**
- **Mercurius**
- **Lycopodium**
- **Ignatia Amara**
- **Calcarea Carbonica**
- **Staphisagria**
- **Selenium**
- **Secale Cornuta**
- **Silicea**
- **Phosphorus**

#### **3.5.5.1. Alumina**

Confused and depressed, especially in the morning. Mind slows down, forgetful and absentminded. Easily disoriented, gets very distressed if hurried.

Skin is dry and itches without an eruption. Severe constipation, even with a soft stool. Weakness with trembling. Dry, hacking cough. Bladder weak, urination slow, has to wait for it to start.

Aversion to or aggravation from potatoes. Worse from warmth in general. **(31)**

#### **3.5.5.2. Ambra Grisea**

Many bereavements and losses. Forgetful and confused. Easily embarrassed: shy and anxious in company (especially with strangers). “Prattles” and asks questions without waiting for answers. Prefers to be alone.

Constipation: with anxiety and ineffectual urging and straining. Can’t pass stool or urine if others are within hearing distance. Dry, nervous cough which is worse from talking and is followed by burping. Insomnia, finds it difficult to fall asleep before midnight. Vertigo, with feeling of weakness in the stomach. Numbness, twitching and/or trembling anywhere.

Generally worse from company (from conversation) and from music. Symptoms are erratic and worse when lying down. **(31)**

#### **3.5.5.3. Baryta Carbonica**

Absent-minded, confused and forgetful. Revisits childhood in old age. Has great difficulty making decisions. Extremely anxious about little (unimportant) things. Gets upset thinking others are talking about them.

Vertigo, when getting up or bending down. Headache when bending. Indigestion and weakness after eating. Constipation with straining and an unfinished feeling. Weak bladder with involuntary urination: frequent urination at night with great urgency. Rattling cough with difficulty coughing anything up. Insomnia: restless sleep, wakes frequently from getting overheated.

Much worse from the cold and damp. **(31)**

#### **3.5.5.4. Carbo Vegetabilis**

Great indifference and apathy. Sudden, recurring loss of memory and difficulty concentrating. Rude and irritable, especially with relatives.

Indigestion, flatulence, and diarrhea. Severe, painful bloating with gas, better for burping. Rattling cough with breathlessness, better for burping. Sluggish mentally and physically.

Worse eating rich foods and fats; worse overeating. Much worse for getting overheated. Wants to be fanned; wants fresh air and breezes. **(31)**

#### **3.5.5.5. Conium Maculatum**

Absent-minded, forgetful, and confused. Difficulty understanding when reading. Tired of life: becomes withdrawn; doesn't want company. Superstitious.

Everything is slow: thinking, answering, moving. Digestion, respiration, pulse, healing are all slow.

Vertigo, worse lying down, when rolling over in bed or turning the head, better for closing the eyes; everything swirls. Dry tickling cough which is worse at night. Weak bladder: frequent, dribbling urination. **(24)**

### **3.5.6. What to Expect from Homeopathic Treatment**

If the patient is brought in the early stages, homeopathy has a lot to help for relieving the patient's complaints without any other side effects. The homeopathic medicines cannot provide cure to the patients, but will help in recovery of the memory loss of the patient.

Homeopathic remedies for cognitive disorders focus primarily on compensating the damages triggered by the disorder. The homeopathic medicines focus on how the supplements and nutrition are delivered. This treatment procedure uses natural sources for loading our body with enough B vitamins, zinc, antioxidants, essential fatty acid, L-arginine and phosphatidylserine. This action of homeopathy normalizes the levels of chemicals in our brain, which ends up healing the damages caused to the nerve cells and promoting normal function of our brain. . The medicines work by lifting up the endurance levels of the patients and improving blood circulation within the brain. Gradually they experience slowing down of mental deterioration and improvement in their control of the impulses. Other than controlling the dementia symptoms, the homeopathic remedies also offer relief from a number health disorders related to aging; for instance hypertension, high cholesterol etc.. Also, the other psychiatric disturbances which the patient develops in the course of the disease like anxiety, depression, delusions, disturbed sleep etc can also be safely relieved by homeopathic medicines. **(32)**

## 3.6. Eating Disorders

### 3.6.1. Definition

The most common type of obsessional behavior that exists in our society at the moment is that connected with food and body image. Eating disorders are one of the faster increasing expressions of psychological difficulties in women as well as in men.

Unhealthy perceptions of food and eating habits may result in a list of eating disorders. These perceptions may be propagated by self-inflicted beliefs, peer pressure or the media, but regardless of an individual motivation, the consequences of an eating disorder can be fatal.

Eating disorders are considered mental health problems and may be linked to other problems such as depression or clinical anxiety. If an individual has an eating disorder, they may either refuse to eat for fear of gaining weight, or they may overeat compulsively and then purge themselves through self-induced vomiting. **(33)**

Sometimes it seems that the attempt to take control of food represents an attempt to take control of emotional needs.

### 3.6.2. Classification of Eating Disorders

- **Anorexia nervosa** (AN), characterized by refusal to maintain a healthy body weight, an obsessive fear of gaining weight, and an unrealistic perception of current body weight. Anorexia can cause menstruation to stop, and often leads to bone loss, loss of skin integrity, etc. It greatly stresses the heart, increasing the risk of heart attacks and related heart problems. The risk of death is greatly increased in individuals with this disease.
- **Bulimia nervosa** (BN), characterized by recurrent binge eating followed by compensatory behaviors such as purging (self-induced vomiting, excessive use of laxatives/diuretics, or excessive exercise). Bulimics may also fast for a certain amount of time following a binge.
- **Binge eating disorder** (BED) or compulsive overeating, characterized by binge eating, without compensatory behavior.
- **Compulsive overeating**, COE
- **Purging disorder**, characterized by recurrent purging to control weight or shape in the absence of binge eating episodes.
- **Rumination**, characterized by involving the repeated painless regurgitation of food following a meal which is then either re-chewed and re-swallowed, or discarded.
- **Diabulimia**, characterized by the deliberate manipulation of insulin levels by diabetics in an effort to control their weight.
- **Food maintenance**, characterized by a set of aberrant eating behaviors of children in foster care.
- **Eating disorders not otherwise specified** (EDNOS) can refer to a number of disorders. It can refer to a female individual who suffers from anorexia but still has her period, someone who may be at a "healthy weight", but who has anorexic thought patterns and behaviors, it can mean the sufferer equally participates in some anorexic as well as bulimic behaviors (sometimes referred to as purge-type anorexia), or to any combination of eating disorder behaviors which do not directly put them in a separate category.
- **Pica**, characterized by a compulsive craving for eating, chewing or licking non-food items or foods containing no nutrition. These can include such things as chalk, paper, plaster, paint chips, baking soda, starch, glue, rust, ice, coffee grounds, and cigarette ashes. These individuals cannot distinguish a difference between food and non-food items.

- **Night eating syndrome**, characterized by morning anorexia, evening polyphagia (abnormally increased appetite for consumption of food, frequently associated with insomnia, and injury to the hypothalamus).
- **Orthorexia nervosa**, a term used by Steven Bratman to characterize an obsession with a "pure" diet, where it interferes with a person's life.

Several of the above mentioned disorders, such as diabulimia, food maintenance syndrome and orthorexia nervosa, are not currently recognized as mental disorders in any of the medical manuals, such as the ICD-10, or the DSM-IV. **(34)**

### 3.6.3. Description of Main Eating Disorders

- **Anorexia Nervosa**

The term *anorexia* is Greek which means “lack of appetite (orexi is the greek word for appetite).” Anorexia is an eating disorder determined by low body weight and body image distortion. It is an obsessive fear of gaining weight.

Individuals with anorexia nervosa severely reduce the number of calories they eat per day, in effect slowly starving themselves to death. According to the National Association of Anorexia Nervosa and Associated Disorders of U.N **(35)**, anorexia nervosa is most often associated with adolescents, with 76 percent of cases occurring in individuals between the ages of 11 and 20. The rate of anorexia among women is approximately 10 times that of men. The diseases progression may go unnoticed for long enough to become irreversible even with treatment. The mortality rate for those suffering from anorexia nervosa is about 6 percent, the highest-recorded death rate of any mental illness. In addition, 50 percent of anorexia-related deaths are suicides.

According to The Mayo Clinic,**(36)** symptoms and physical signs of anorexia nervosa include:

- Extreme and rapid weight loss
- An abnormal blood count
- Feelings of exhaustion, which may be accompanied by dizziness or fainting spells
- Brittle nails, hair and bones
- A layer of soft hair covering the entire body
- Cessation of menstruation
- Irregular bowel movements
- Excessively dry skin
- Intolerance of cold due to a lack of body fat
- Irregular heart beats
- Abnormally low blood pressure
- Dehydration
- Constant denial of appetite
- Excessive exercising
- Depression-like symptoms

If recognized early enough, anorexia nervosa may be treated through a combination of psychotherapy and medical care. Unfortunately, only one-third of people suffering from anorexia seek treatment.

- **Bulimia Nervosa**

The eating habits of persons suffering from bulimia nervosa are the opposite of those with anorexia nervosa but are just as dangerous. Instead of refusing to eat, bulimics indulge in compulsory binge eating. Rather than chancing weight gain, persons with bulimia immediately compensate for their binges by purging the body of food through self-induced

vomiting or the use of laxatives and diuretics. This purging leads to additional hunger, and the binge-and-purge cycle repeats.

Signs of bulimia nervosa include:

- Discoloration of teeth from excessive vomiting
- Swelling of the jaw or cheeks
- Calluses on hands from forced vomiting
- The most severe consequence of bulimia is the imbalance of electrolytes, which can lead to heart problems and even premature death.
- Bulimia nervosa may occur alongside other psychological problems such as drug or alcohol abuse and sexual promiscuity.
- Another sign of bulimia is compulsive exercise, where the victim will try to get rid of binged calories through excessive amounts of physical activity, which may put too much stress on the body.

Although bulimia nervosa tends to occur somewhat later than in anorexia patients in late adolescence and early adulthood the gender ratio is similar, with 90 percent of bulimia patients being female. The recovery rate for bulimia is nearly 70 percent, which is much higher than that of anorexia.

- **Binge Eating Disorder**

Binge eating disorder is an identified eating disorder that is closely related to bulimia nervosa. In both cases, persons consume excessive amounts of food in one sitting, but unlike those suffering from bulimia; binge eaters do not purge themselves of the calories. Instead, the binger eater may feel excessive shame or guilt at their eating habits, which may cause them to withdraw from social situations. If binge eating habits go on for long enough, the behavior may lead to substantial medical problems, such as:

- Type II diabetes
- Increased blood pressure and cholesterol
- Gallbladder and heart disease
- Certain cancers

Binge eating disorder can be treated through a variety of therapies, including behavioral therapy and medication.

- **Orthorexia Nervosa**

Orthorexia nervosa is a fixation on eating only health foods. A state of bodily purity is of big importance for people who suffer from the disorder developed a mania about it. An orthorexic carefully control all the foods he or she eats or drinks. This monitoring may lead to associated compulsive behavior, such as ensuring that food consumed adheres to a rigid schedule of meals planned in advance. The effects of orthorexia are not necessarily life threatening but may become so if the person severely limits their calorie or vitamin intake. Orthorexic eating habits may in those cases effect a person's social life, as much of his or her time is spent planning meals. **(33)**

### 3.6.4. Causes for Eating Disorders

The exact cause of Eating Disorders is unknown. It is believed to be due to a combination of biological, psychological and/or environmental abnormalities. Must be equal under consideration a genetic factor as well as an environmental for some people who are born with a predisposition to it, which can be brought to the surface pending on environment and reactions to it.

#### 3.6.4.1. Biological

- **Genetic:** Numerous studies have been undertaken that show a possible genetic predisposition toward eating disorders as a result of Mendelian inheritance.
- **Epigenetics:** Epigenetic mechanisms are means by which environmental effects alter gene expression via methods such as DNA methylation; these are independent of and do not alter the underlying DNA sequence. They are heritable, but also may occur throughout the lifespan, and are potentially reversible. Dysregulation of dopaminergic neurotransmission due to epigenetic mechanisms has been implicated in various eating disorders.
- **Biochemical:** Eating behavior is a complex process controlled by the neuroendocrine system of which the Hypothalamus-pituitary-adrenal-axis (HPA axis) is a major component. Dysregulation of the HPA axis has been associated with eating disorders, such as irregularities in the manufacture, amount or transmission of certain neurotransmitters, hormones or neuropeptides and amino acids such as homocysteine, elevated levels of which are found in AN and BN as well as depression.
  - **Serotonin** is a neurotransmitter involved in depression also has an inhibitory effect on eating behavior.
  - **Norepinephrine** is both a neurotransmitter and a hormone; abnormalities in either capacity may affect eating behavior.
  - **Dopamine**, which in addition to being a precursor of norepinephrine and epinephrine is also a neurotransmitter which regulates the rewarding property of food.
  - **Leptin and Ghrelin**, Leptin is a hormone produced primarily by the fat cells in the body; it has an inhibitory effect on appetite by inducing a feeling of satiety. Ghrelin is an appetite inducing hormone produced in the stomach and the upper portion of the small intestine. Circulating levels of both hormones are an important factor in weight control. While often associated with obesity, both hormones and their respective effects have been implicated in the pathophysiology of anorexia nervosa and bulimia nervosa.
- **Immune system** studies have shown that a majority of patients with anorexia and bulimia nervosa have elevated levels of autoantibodies that affect hormones and neuropeptides that regulate appetite control and the stress response. There may be a direct correlation between autoantibody levels and associated psychological traits.
- **Infection**, PANDAS, is an abbreviation for Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections. Children with PANDAS "have obsessive-compulsive disorder (OCD) and/or tic disorders such as Tourette syndrome, and in whom symptoms worsen following infections such as "strep throat" and "scarlet fever." (NIMH) There is a possibility that PANDAS may be a precipitating factor in the development of anorexia nervosa in some cases, (PANDAS AN).
- **Lesions**, studies have shown that lesions to the right frontal lobe or temporal lobe can cause the pathological symptoms of an eating disorder.
- **Tumors** in various regions of the brain have been implicated in the development of abnormal eating patterns.
- **Brain calcification**, a study highlights a case in which prior calcification of the right thalamus may have contributed to development of anorexia nervosa.
- **Somatosensory homunculus** is the representation of the body located in the somatosensory cortex, first described by renowned neurosurgeon Wilder Penfield. The illustration was



originally termed "Penfield's Homunculus", homunculus meaning little man. "In normal development this representation should adapt as the body goes through its pubertal growth spurt. However, in AN it is hypothesized that there is a lack of plasticity in this area, which may result in impairments of sensory processing and distortion of body image".

- Obstetric complications, there have been studies done which show maternal smoking, obstetric and perinatal complications such as maternal anemia, very pre-term birth (32<wks.), being born small for gestational age, neonatal cardiac problems, preeclampsia, placental infarction and sustaining a cephalo-hematoma at birth increase the risk factor for developing either anorexia nervosa or bulimia nervosa. Some of this developmental risk as in the case of placental infarction, maternal anemia and cardiac problems may cause intrauterine hypoxia, umbilical cord occlusion or cord prolapse may cause ischemia, resulting in cerebral injury, the prefrontal cortex in the fetus and neonate is highly susceptible to damage as a result of oxygen deprivation which has been shown to contribute to executive dysfunction, ADHD, and may affect personality traits associated with both eating disorders and comorbid disorders such as impulsivity, mental rigidity and obsessionality. The problem of perinatal brain injury, in terms of the costs to society and to the affected individuals and their families, is extraordinary. (37)

#### 3.6.4.2. Psychological

Eating disorders are classified as **Axis I**, disorders in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV), published by the American Psychiatric Association. There are various other psychological issues that may factor into eating disorders, some fulfill the criteria for a separate **Axis I** diagnosis or a personality disorder which is coded **Axis II** and thus are considered comorbid to the diagnosed eating disorder. The causality between personality disorders and eating disorders has yet to be fully established. Some people have a previous disorder which may increase their vulnerability to developing an eating disorder. Some develop them afterwards. The severity and type of eating disorder symptoms have been shown to affect comorbidity. (37)

**Table 3. Comorbid Disorders**

<b>Comorbid Disorders</b>	
<b>Axis I</b>	<b>Axis II</b>
<ul style="list-style-type: none"> <li>• Anxiety disorders</li> <li>• Attention-deficit hyperactivity disorder</li> <li>• Depression</li> <li>• Substance abuse, Alcoholism</li> <li>• Obsessive compulsive disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Borderline personality disorder</li> <li>• Avoidant personality disorder</li> <li>• Narcissistic personality disorder</li> <li>• Histrionic personality disorder</li> <li>• Obsessive compulsive, personality disorder</li> </ul>

### 3.6.5. Materia Medica

According to the writings of Materia Medica of J.T.Kent (10) and Prof G.Vithoulkas (20).

- **Anacardium Orientale**
- **Arsenicum Album**
- **Calcareo Carbonica**
- **Ignatia Amara**
- **Natrium Muriaticum**
- **Platinum Metallicum**
- **Pulsatilla Nigricans**
- **Staphisagria**
- **Sulphur**

#### 3.6.5.1. Anacardium Orientale

The fundamental lack of self-confidence inherent in the Anacardium picture provides the essential soil of the development of eating disorders. This is a person who feels much better for eating and much worse when hungry, so this is likely to be a person whose eating disorder is expressed in compulsive eating and a bingeing/dieting pattern. This kind of pattern would be entirely consistent with the remedy picture's persistent sense of the presence of two contradictory wills, a split between two parts of a personality. This remedy maybe useful for people who describe themselves as eating 'in spite of' themselves. In so far as bingeing and dieting are forms of self-punishment, this may be another way in which food disorders conform to the self-destructive patterns of the Anacardium personality. (13)

#### 3.6.5.2. Arsenicum Album

This personality type is perfectionist and over active and easily becomes obsessional. A desperate need to control her environment and severe anxiety produced by feeling out of control, are the most marked characteristics of Arsenicum. The will to take control of emotional and bodily needs by becoming anorexic, may emerge from this strong feelings. Her obsessive perfectionism as well as her capacity for attention to detail will make it possible for this sufferer to stick to a rigid diet and exercise program, so much so that she will be in serious danger of becoming a true anorexic. She is naturally thin and a quick metabolizer of food, so her dieting will be successful, she will emaciate quickly. Self-harm is also associated with the Arsenicum picture, and with eating disorders as well. In addition it is a feature of the Arsenicum remedy picture that the affected person often cannot stand the sight and smell of food, feels full no matter how little she has eaten and have strong food sensitivities. She has a fear of suffocating on food, of being poisoned and is in general very anxious around food, all symptoms that are very much part of the anorexic picture. Sometimes this may express itself not in open anorexia but in food allergy or sensitivities. (13)

#### 3.6.5.3. Calcareo Carbonica

The person of this type tends constitutionally to be stocky and obese, he very easily puts on a flabby sort of weight, and he will say that he only has to look at food to gain the pounds. He tends to overeat and is not very physically active. He may be a person who is careless of his appearance because he undervalues himself or who eats for comfort and piles on the weight. He may also eat to keep his vulnerable inner self from view, not minding the weight if it stops people being interested in him. His pattern is likely to be that of compulsive eating: he likes that sense of feeling full, even to the extent of feeling better when he is constipated.

The motivation to diet may come when he begins to feel more self-conscious from being overweight than from not being , and then there is a danger of bulimia if the obsessional energy always present in Calcareo Carbonica is harnessed at this point : he may become obsessive about health , seek exercise, and become addicted to dieting. (13)

#### **3.6.5.4. Ignatia Amara**

The idealism inherent in this remedy picture may show its self in the desire to look perfect: this is the kind of personality type who becomes anorexic and takes on strenuous exercises programs in order to leave up to an ideal image; she likes to look good and be attractive to the person with whom she is in love. She may overeat because she is inclined to suffer from a nervous hunger which is not relieved by eating, the more she eats the more she wants. She tends to gain and lose weight easily, and so can become a chronic exerciser and dieter. Her hypersensitivity to all forms of emotional disturbance may well lead her to solace herself with food, to push down feelings of disappointment, grief and abandonment. This is also a remedy for bulimia. Bingeing and vomiting fit with her general paroxysmal and spasmodic patters. Her nausea is relieved by eating. **(13)**

#### **3.6.5.5. Pulsatilla Nigricans**

The Pulsatilla personality is extremely emotional, dependent, comfort-seeking liking the kind of food that children like and adults return under stress for comfort: pastries, cake, and ice-cream. Characteristically they eat to make themselves less depressed, then they begin to put weight on, become afraid they want be liked, and diet to take off the weight. They are indecisive, however, and can stick to the diet so they may have to resort to make themselves sick and those get caught up in the bulimic pattern. They may become anorexic or bulimic out of their reluctance to become sexual. They are averse to and fearful of the opposite sex, even horrified by them, cannot endure the idea of marriage, so the development of eating disorders in this context may be clearly be related to an unwillingness to engaged sexually or any mature relationship with others. Pulsatilla tends to have difficulties with puberty in any case. **(13)**

### **3.6.6. What to Expect from Homeopathic Treatment**

Using homeopathic remedies, to help with eating disorders, approaches the person on several different levels at ones: the remedy seeks both to balance the law self-esteem, fears and obsessions which may have laid to such extreme measures, and to restore the appetite to normal, while healing whatever may have been the physical and psychological consequences of such a regime. Hospital care or some kind of close supervision may still be necessary, depending on how advance the situation is. The family is rarely able to help with this, because in many cases it is some relationship within the family which is been tested through the eating disorder. The homeopathic remedy while very nearly shows which root a person may take in the particular expression of the eating disorder but, as with other conditions, the remedy that fits the person as a whole will be the one that works best. **(13)**



**Figure 12.** Wooden case to store and protect the mother tincture of remedies in liquid form.

## 4. REPERTORISATION

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### 4.1. Definition

Repertorisation is a means to an end. The end is the seeking of the similimum (which is the homeopathic remedy that produces the set of symptoms most like that which the disease produces;) ideally exactly congruent **(38)**, in a particular case after having studied and evaluated the symptoms already recorded. One of the main purposes of study and evaluation of symptoms is to weed out the unnecessary symptoms and segregate the diseases and diagnostic symptoms for confirmation and guide. Repertorising is an art in practice, it has to be learnt by constant use with patience. The object of the Repertory is to make homeopathic prescribing easier and effective. But it can never take the place of Materia Medica which has to be consulted for confirmation after the remedy is found out. **(39)**

Dr. Kent once mentioned to his followers: There are lots of symptoms, but there is no case. What is the case then? A case comprises of symptoms which gives the totality of a person suffering. The totality of symptoms forms a case for the physician. In every event there exists a totality provided an expert can perceive it; likewise, in every alteration of state of health a totality exists, which can be perceived by a physician.

### 4.2. Steps to Repertorisation

Repertorisation is not only a mechanical process of counting rubrics and totaling marks obtained by a medicine, it also includes the logical steps to reach the repertory proper and finally differentiating the remedies with the help of Materia Medica. Repertory follows the logic of Induction and Deduction. The steps to repertorisation start from case taking and end by finding out similimum. They are:

1. **Case taking.**
2. **Recording and interpretation.**
3. **Defining the problem.**
4. **Classifications and evaluation of symptoms.**
5. **Erecting totality.**
6. **Selection of repertory and repertorisation proper.**
7. **Repertorial result.**
8. **Analysis and prescription. (40)**

Dr. B.K.Sarkar in his book *Lectures in Homoeopathy* (1956), **(41)** has described the following methods of working out the cases :

- Hahnemann and Boenninghausen's method = where complete symptoms are available.
- Kent's method = Where Generals (mental and physical) and particulars are available.
- Third method = Where mental symptoms are lacking.  
Here one starts with physical generals; next mental symptoms and then particulars.
- Fourth Method = Where Generals are lacking. Selection of a striking, peculiar as a key symptom, and then medicines are differentiated with the help of other symptoms.
- Fifth Method = Where the case presents only common symptoms or pathology. Here physician makes use of every means at his command, including:

- a. *Patient's personal and family history,*
- b. *Temperament,*
- c. *Complexion, color and texture of skin,*
- d. *Particular organs and tissues affected,*
- e. *Location, character and physical aspect of lesions, and*
- f. *Probable etiological factors.*

- Sixth Method = Technical nosological terms are selected as main headings. **(24)**

### 4.3. Defining the Problem

Once the case is taken well, interpreted, and recorded properly the physician should be in a position to define the problem precisely. The record should guide him to understand the person and his disease. The sickness of the person gets expressed at his various levels, and to bring all such expressions together to get a whole picture, requires a clear understanding of what Hahnemann stated what is to be cured in a disease, that is to say in every individual case of disease. To define a problem means to define the individual who is facing the problem. The individual is fully revealed to a physician from the effects of different events associated with the individual as well as from the related data collected from various sources. Diagnosis of the disease, which is of crucial importance, would segregate the peculiar characteristic expressions from the common ones. Thus, only by precisely defining the problem, a physician would be in a position to go ahead further in the right direction.

### 4.4. Classification and Evaluation of Symptoms

It is a well-known fact that all the symptoms in a case are not equally important. After taking the case, a physician faces quite a big number of symptoms which are required to be analyzed, classified, and evaluated in order to arrange such symptoms hierarchically.

Analysis and classification give an idea about the case in respect of its nature and the type of symptoms, and therefore, evaluation can be done by different methods.

The schema of the order of importance of symptoms according to Kent is:

- **Mental:** Will, Emotion, Understanding, Intellect.
- **Physical generals:** Description of the symptoms.
- **Physical particulars:** Description of the symptoms.
- **Modalities:** Time, Temperature, Weather, Position, Motion, External Stimuli, Eating, Drinking, Sleep, Clothing, Bathing. **(42)**

Case taking is the first step, and the outcome of treatment entirely depends upon the success of this first step. Any mistake committed here would certainly interfere in the selection of drugs and planning of the treatment.

Dr. Hahnemann has described the necessary guidelines which should be taken into consideration while taking a case, in aphorisms 83-104 of his Organon of Medicine. **(28)**

For effective repertorisation, precise recording is very crucial for proceeding further with the subsequent steps. Recording is not done independent of interpretation; so both should be done simultaneously. **(24)**

## 4.5. Describe Potency, Difference in Potencies

Potency is the strength of a homeopathic remedy. Homeopathy makes substances into healing remedies by diluting and succussion (shaking). Diluting negates any problems with substances that may be harmful in their raw state. Succussion enhances the healing properties of substances. The Potency strength is shown after the remedy name as a Roman Numeral along with a number that indicates the repetitions of dilutions and succussing.

- **Decimal** designation is **X**.
- **Centesimal** designation is **C**.
- **Millesimal** designation is **M**.

**DECIMAL** - potency based on the ratio of 1 part substance to 10 parts dilution. Designated with an X (in Europe designated with a D) after the remedy name. X potencies are considered low potencies. X potency is often used for children, sudden illness and first aid treatment.

**CENTESIMAL** - potency based on the ratio of 1 part substance to 99 parts dilution. Designated with a C (or left blank in Europe) after the remedy name. C potencies are considered medium potencies. C potency is often used for seasonal problems and chronic conditions.

**MILLESIMAL** - potency based on the ratio of 1 part substance to 1000 parts dilution. Designated with an M after the remedy name. M potencies are considered high potencies. M potency is used by practitioners for constitutional treatment.

**MOTHER TINCTURE** - the original standardized preparation of a substance from which homeopathic potencies are made.

## 4.6. How to Choose the Potency?

**Lower potencies X:** stay in the body a short period of time and can be used safely for repeat dosing. Helpful for first aid treatment, trauma, recovery from injury and for preventative dosing, sudden illness, seasonal problems, general family use. Dosing with X potencies may include frequent dosing for a few days for fast recovery.

Common X potencies include: 6X for Cell Salts, 30X for seasonal illness, first aid treatment.

X potencies are in tablet form that instantly dissolve in the mouth.

**Medium potencies C:** are used for first aid, seasonal ailments and chronic health concerns.

**30C is a very common potency in the practice.** General dose is 2 pellets, 1 times a day or 2 times in case of aggravations.

**200C is in the high range of the C potencies.** 200C follows 30C potency well for stubborn symptoms or when sudden and urgent symptomatology arises. Generally the low potencies from X to 200 C are used more often for problems in the physical level. **(9)**

**High potencies M:** Are used for constitutional treatment or in grave mental and emotional level disorders but also in newborn and children where the levels of vital energy are high. Very high potencies may stay working in the body for months, and have a strong effect, so the remedy must be chosen carefully. **(22)**

## 4.7. On Examination

Taking the history of our patient we can ask details of how the physical emotional and mental body is working and this accomplish the request of classical repertorising or in a case of grave mental disorder we focus on this main, prevalent and life threatening symptom to cover the biggest necessity we have in front of us and which implies the biggest suffering for our patient. (9)

### Case 1: Emotional Suppression

It concerns a 28 year- old woman, of 62 kg. She has had severe headaches for 7 years: they started after the birth of her son. The main cause was emotional disturbance.

She now regularly has attacks at least once per week .The headache is usually situated on the vertex, or it goes for the nose to the vertex. If the headache is very severe , she does not know what to do , she feels like going mad then, if she closes her eyes she is afraid she will die.

The headache is aggravated by light, the sun, noise, and by emotional problems. Vomiting ameliorates the headache.

Her menses are irregular, sometimes every six months.

She is chilly, has ice-cold feet, and yet warmth doesn't make her feel comfortable.

She is emotionally calm now. Before the headache started, she used to feel miserable and hot-tempered. She weeps while telling this and she can't stop weeping. She says she has problems with her husband. She feels suppressed by him. She sighs.

She always falls asleep on her right side and she is not refreshed in the morning. She dreams of emotional events. She is very sympathetic. Sometimes she is irritable that she could hit her son. She has trembling hands.

She is afraid of snakes .She desires salt sweets, and fish. She has an aversion to milk. She feels very tired after a siesta during the day.

In this case we start with Staphisagria, if there is a clear aggravation after siesta, or if there is a clear suppression of emotions or if the patient feels much suppressed as in this case.

One month later the patient is better on all levels. She hasn't got headaches anymore, she feels well.

In the first consultation, the patient did not talk about the problems with her husband, she came for the headache. Staphisagria 10M, helped her get rid of the headaches and she became emotionally stronger. Probably, she did not allow her husband to suppress her anymore and she consequently divorced. This is an example of how homeopathy can deeply change people so that they take better care of themselves or that they become able to make a decision, which they could not in the past.

(43)

### Case 2: Suicidal Thoughts

A businessman of 45 years old said that he has been humiliated and degraded. He believes that his family hates him. He thinks that he was thrown away all of his friends. *"I am not worth any, my life is nothing."* Life has become completely dark. Not even one ray of light enters. He feels in absolute depression. Maybe in the evening he is a little better because of the darkness which will come and this darkness outside is less severe than the darkness he has inside .Here it is impossible to hear something about suicidal thought. The desire now for death is intense in him. With all of his soul he likes to die. He is having the thought to hide himself in a high balcony and he has the tremendous impulse to jump. *"Now, now is my chance to jump to the freedom"*. He feel like a sweet cloud overcomes him and he longs for relief. He likes to jump to freedom. We can say this is a representation of the failure in his life. He was on the zenith of success but all has crashed down. Nothing has left for him to do but to throw his body as well."

This is the exact phrase of a patient who is in a severe Aurum state. This is a gold person who is in a very high position in his work. He has given completely himself to be successful, but in his family he has tremendous problems. His wife blames him that he does not pay attention to his children or to her, and then the seeds of guilt are inside him. He has quarrels and confrontations with his wife and is holding all this bitterness inside. Also when there is something wrong in his work, then he

blames himself, that in his work he failed and in his family he failed too. Now he is starting to destroy himself.

With the Aurum 1M, remedy a year after the patient was able to explain what he like to do and the priorities he have in his life in the way to feel accomplished. **(43)**

### **Case 3: Depression**

A 32 years old woman who suffers from depression for many years, she felt fed up, sad and very closed off, it was difficult for her to opened up about herself and her life. A close friend of hers has committed suicide and she had recently broken up with her boyfriend. She felt a deep depression and was no longer motivated by anything. She said, that she was always miserable and terrified as a child, she describe her father as an aggressive character, and her mother as neurotic. She said, “I identify with my mother's anxiety. I always found something to be worried about. I live in constant anxiety about, “what if something horrendous happens.” It has been difficult for her to cope with big changes. She spends so much time thinking about problems which paralyzed her. She was also a compulsive checker, which claimed much of her energy. She took the remedy Arsenicum Album 1M, because of the clear sign that she distrusted her environment. The remedy reduced her depression to manageable levels, so that she was no longer feeling paralyzed by it. Now, when she wakes up in the morning, she just gets up and continues with her day, instead of lying in bed and worrying about why she was not sleeping well. Still tends to keep the house overly tidy as a way of keeping other anxieties under control, which often seems to be a form of displaced activity. This was a good sign because it shows that her energy is mobilizing in a way that was far less self-destructive than when she was in a severely depressive state of mind. **(14)**

### **Case 4: Fear**

A 3 years old boy suffers from terrors in the night, he was unable to sleep in his own bed for long time, and he could not sleep at all in the dark and screamed. He was very clingy with his mother. His parents had split up shortly after the birth of his younger brother. The boy needed constant reassurance of his mother. When he was upset, he cried desolately. Sometimes he seemed inconsolable. His mother said, she felt that he had a hole inside him and he expressed it by complaining of always being hungry. He chewed his own clothes. He was a very sensitive child and as a result of feeling so insecure, he had developed eczema around his mouth. His insecurity comes up from the breakdown of his parent relationship.

He took the remedy Stramonium 10 M, because he emanated the feeling that his very survival was threatened by the insecurity of his family situation. This remedy is needed when people are stuck in the energy pattern of terror. He needed the repetition periodically of Stramonium. After each repeated dose he would sleep peacefully for another few months, although he still expresses his insecurity through a need of reassurance. **(14)**

### **Case 5: Anxiety and Fears**

It concerns a man of 31 years old, of 76 kg. From the very start of the consultation, the patient sighs. He sighs up to 6 times before he stars speaking. He has been very tired for 8 months. He has had rheumatoid arthritis in the smaller joints for 15 years. The erythrocyte sedimentation (ESR) is 70 mm and the RA- test is positive. Since his childhood he has had stinging pains in his heart. He has flatulence and rumbling in the abdomen, worse in the afternoon.

The patient is anxious about his health, is afraid of diseases, of cancer, of his heart (for that reason he cannot sleep at his left side), of hospitals and of physicians. He has fear of height places and is afraid of mice.

He feels better at night, feels well at the seaside, he does not tolerate tight-fitting clothes, he is chilly, he has a stiff neck, and he always sleeps on the right side for fear of his heart. He likes the sun. He likes sweets, lemons, salt, fish, fat, and pasta.

In this case because sighing was so prominent from the moment the consultation started and because the main complaint of the patient is rheumatoid arthritis, the combination of the two make



us think of Calcarea Phosphorica which has frequent sighing without satisfaction as they have the sensation that the chest is too narrow .The many fears are also indication of Calcarea's. The patient is given Calcarea Phosphorica 1M, with long lasting excellent result. **(43)**

#### **4.8. Results**

In constitutional treatment, a homeopath explores all of your symptoms, including any emotional and mental changes, and makes an assessment of your individual constitution and any imbalances it may have. A remedy closely matching all these aspects of your condition is then prescribed.

A detailed model has been developed by the master homeopath George Vithoulkas which allows to understand the correlation of symptoms and to identify their underlying cause. Homeopathy so seeks to treat this core problem from which the symptoms stem. Only when this fundamental problem is sorted out can the underneath energy level improve and all the physical symptoms be cured.

## 5. HOMEOPATHY IN THE SCIENTIFIC RESEARCH

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There are active public campaigns both for and against homeopathy, and its continuing availability in the NHS (National Health Service) is debated in the medical, scientific and popular press. However, there is a lack of clarity in key terms used in the debate, and in how the evidence base of homeopathy is described and interpreted. The term ‘homeopathy’ is used with several different meanings including: the therapeutic system, homeopathic medicine, treatment by an homeopath, and the principles of ‘homeopathy’. Conclusions drawn from one of these aspects are often inappropriately applied to another aspect. In interpreting the homeopathy evidence it is important to understand that the existing clinical experimental (randomized controlled trial, RCT ) evidence base, provides evidence as to the efficacy of homeopathic medicines, but not the effectiveness of treatment by an homeopath. The observational evidence base provides evidence as to the effectiveness of treatment by an homeopath. **(44)**

Thompson and Thompson, have suggested that interpreting what homeopaths do as solely identifying and prescribing, the ‘simillimum’, has impoverished our understanding of homeopathy. They used qualitative research to identify what might be the ‘active ingredients’ of the homeopathic approach. Through a process of direct observation and modeling in a real world context, they attempted to “identify the components of the intervention and underlying mechanisms by which they will influence the outcome”. Six putative active ingredients were identified which might contribute to the effectiveness of homeopathic care:

- patient’s openness to the mind body connection
- consultation empathy
- in depth enquiry into bodily complaints
- disclosure
- the remedy matching process
- homeopathic remedies.

Other authors have discussed the difficulties of separating out the effects of the homeopathic medicine from the consultation effects. Until we are clear as to what actually the active ingredients in homeopathic treatment are and how all the ingredients relate to each other, treatment by an homeopath should to be viewed as a complex intervention, rather than reduced to a homeopathic medicine. In assessing the effectiveness of ‘homeopathy’, the component parts of treatment by an homeopath should not be separated out, instead of ‘homeopathy’ should be assessed as a package of care, as delivered. **(45)**

### 5.1. Systematic Reviews

The most solid evidence for a treatment comes from critically assessing more than one RCT in a carefully defined way. This is known as a systematic review. Four out of five major systematic reviews of RCTs in homeopathy have concluded, that homeopathy has an effect greater than placebo. Systematic reviews of RCTs in specific medical areas have presented positive conclusions for homeopathy in seven: childhood diarrhea, hay fever, influenza treatment, post-operative ileus, respiratory tract infection, rheumatic diseases and vertigo.

### 5.2. Difficulties with RCTs

The RCT model of measuring efficacy of a drug poses some challenges for homeopathic research. In homeopathy, treatment is usually tailored to the individual. A homeopathic prescription is based not only on the symptoms of disease in the patient but also on a host of other factors that are

particular to that patient, including lifestyle, emotional health, personality, eating habits and medical history. The “efficacy” of an individualized homeopathic intervention is thus a complex blend of the prescribed medicine together with the other facets of the in-depth consultation and integrated health advice provided by the practitioner; under these circumstances, the specific effect of the medicine itself may be difficult to quantify with precision in RCTs.

An alternative research approach, which the majority of researchers have adopted, is the “one drug fit all patients” type of RCT. Such trials are capable of quantifying efficacy of the homeopathic “drug” under investigation, but they may yield results that are of questionable relevance to the practice of homeopathy in the “real world”. (46)

### 5.3. Homeopathy and Evidence-based Medicine

In order to carry out scientific research, and keep up with the standards of evidence-based medicine, homeopathy has had to use a scientific model designed for conventional medicine, despite the fundamental differences between these systems.

The methodologies most commonly used in evidence-based medicine comprise those based on studies that have already been published, such as systematic reviews and meta-analyses, and those used to carry out the studies, such as double-blind randomized controlled trials (RCTs). Here, the focus will be placed on RCTs because this is the experimentation methodology used in evidence-based medicine, and we want to discuss it in the context of its utilization in homeopathy. In brief, double blind RCTs are experiments to test medicines and placebo (plain sugar pills) in a blinded fashion, using a randomized group of study subjects with a similar ailment (neither study subjects, researchers nor result evaluators know who is taking placebo, and who is taking the medicine being tested). If the effect of the medicine on eliminating symptoms is significantly higher than that of the placebo, the medicine is deemed effective for the ailment.

### 5.4. The Problem with RCTs for Homeopathy

The methodology of RCTs, developed according to models that apply to conventional medicine, has several aspects that conflict with the principles of homeopathy.

**Individualization:** Homeopathic methodology regards each person as a unique individual with unique characteristics. Homeopathic medicine selection that takes this individuality into consideration gives excellent results. However, in order to conform to the conditions of group treatment, for a specific ailment used in an RCT, this individualization cannot exist, despite the reality that this is one of homeopathy’s strengths.

**Totality:** Conventional medicine treats symptoms—“the parts”—while homeopathy treats the whole individual—“the totality”. The “totality” includes not only physical, mental and emotional symptoms, but also the interactions of the individual with their environment. RCTs measure quantitative parameters, making the model subject to errors when used in homeopathy.

However, this situation is changing in favor of homeopathy, and the medical modalities that consider the totality of each person and their individuality. There is a trend in evidence-based medicine towards the use of qualitative methods alone, or with quantitative methods. This is because the benefits of qualitative methods have been demonstrated in studies such as early diagnosis in dementia, recovery, and the efficiency of RCTs. Methods such as comparative trials have been proposed to measure the real practice of homeopathy, where the specificity of homeopathic medicine, the non-specificity of homeopathic consultation, and the interaction of the two are taken into account. (54)

**Efficacy trials and treatment trials:** Efficacy trials and treatment trials are carried out in the same way in conventional medicine, but not in homeopathy. Treatment trials used in conventional medicine can be adapted to homeopathy to some extent, because both aim to determine whether a medicine is more effective than placebo, in improving a condition.

Efficacy trials in conventional medicine fundamentally differ with efficacy trials, or proving as are called, in homeopathy. In conventional medicine, the purpose of these trials is to suppress symptoms, while in homeopathy; the purpose of these trials is to *produce* symptoms.

For an homeopathic drug proving trial, a medicinal substance with unknown, or few known, medical applications is tested in a randomized group of healthy subjects. Changes in the condition of the healthy subjects are evaluated individually, and in the group. The resulting number of common and significant symptoms is referred to as the symptom picture of the medicinal substance. This substance can be used to treat those experiencing the same symptoms. If significant improvement is obtained, the substance is included in the repertory, or *Materia Medica*, for the symptoms. Clinical results will differentiate between presence and absence of resolution of symptoms.

The criticism of this system is subjectivity, because it relies on observations and reporting from the subject and the homeopaths involved in the experimentation. However, a recent study has shown how most of the mentioned difficulties can be overcome. A group of investigators from Germany demonstrated that a traditional homeopathic proving methodology can be adapted to a placebo-controlled phase 1 trial, using the present requirements for research under current drug regulations in Europe. In brief, the study was a randomized, double-blind placebo-controlled phase 1 trial, with 30 healthy participants. The homeopathic drug proving (HDP) study involved a base-line observation of 7 days, an intervention period of 5 days and a follow-up period of 16 days. Subjects were either doctors or students of homeopathy, and the drug identity was hidden; unlike conventional trials where participants are informed about the identity of the drug and the possible risks involved. Globules of a homeopathic medicine, in the potency of C12, and sucrose globules, which acted as placebo, were used. Subjects took 5 globules, 5 times a day, for 5 consecutive days. Participants stopped taking globules when they experienced proving symptoms. Subjects documented these symptoms in a diary. Adverse events and proving symptoms were documented together. The primary outcome for the HDP was individualistic and peculiar symptoms, in order to respect homeopathic criteria according to the Hahnemann's Organon. The secondary outcome parameters were qualitative differences in profile of characteristic and proving symptoms. Proving symptoms were analyzed using content analysis according to Mayring (adaptation to homeopathic qualitative analysis method). (57 )

**Blinding:** The blinding component of RCTs also presents difficulties when applied to homeopathy. At a homeopathic first consultation, the homeopath gets information from the subject about mental, physical and emotional symptoms, constitution, lifestyle, childhood, family history and all of the traits that make the patient different and unique, through a thorough questioning. The study of this information allows the homeopath to find the most appropriate homeopathic medicine that will stimulate the body to heal.

But, by RCT protocol, the prescriber should not know about the medicine the study subject is taking, so as to avoid biased interpretations during follow-ups. To get around this obstacle, the homeopath is allowed to select the medicine, but the subjects may receive either placebo or the medicine without the homeopath knowing which.

Evaluation difficulties also arise when the potency is not appropriate, or the subject doesn't respond for some other reason. Because of the blinding factor, the homeopath can't get the feedback needed to make changes that will ensure treatment success.

**Placebo Effect:** One of the arguments used by homeopathy's detractors is that responses to homeopathic remedies are due to the placebo effect. In efficacy trials, questionnaires are designed to limit the number of symptoms being considered because the amount of symptoms experienced by

the study subjects can be overwhelming. It is certain that during RCTs, interaction of study subjects with these questionnaires, with limited symptoms, may result in an increased placebo effect, but carefully designed studies ease these interactions. It has been demonstrated that placebo effect resulting from homeopathic trials is not higher than that obtained from conventional drug trials.

Good evidence that the action of homeopathic medicines is real, and not a result of placebo effect, is the improvement of ailments suffered by babies and animals (who can't verbally express what they feel and are not affected by psychosomatic influences) due to homeopathic treatment.

The argument that some analysts make to this is that the babies and animals are affected by their caretakers' or owners' belief, a sort of placebo-effect-by-proxy. To counteract this argument we would like to pose some questions supported by clinical evidence and research studies in the area.

Would the beliefs of a mother influence the drop of a high fever in a baby, after the use of a homeopathic medicine like Belladonna? Could the rapid healing of a common infectious skin disease in a baby, after the use of a homeopathic medicine like Sulphur, possibly be the result of a placebo-effect-by-proxy?

Would farm animals healing from infections, when homeopathic medicines are added to their food or water, be the result of any influence by their owner's beliefs? What about when the role of homeopathic medicine is in prevention? Homeopathic medicines have shown to be effective in the prevention of mastitis during the dry period of dairy cows. On the other hand, double blinded RCTs in animals have shown superior effect of homeopathic medicines compared to placebo controls.

Would researchers have the power to influence in-vitro study results? There is growing evidence from in-vitro studies of the biological effect of homeopathic remedies against viruses; the inhibitory effect of *Nux Vomica* and *Calendula Officinalis* homeopathic preparations on the gene expression of *Helicobacter Pylori*; changes in the growth-rate of plants by homeopathic medicines; and the in-vitro activation of bone marrow cells by homeopathic preparations. (55)

## **5.5. Why is there so Much Controversy and Criticism Concerning Homeopathy and Homeopathic Scientific Research?**

Accepting that homeopathic medicines have a biological effect, even in potencies where dilution goes beyond Avogadro's number, the point at which not a single molecule of the original substance is likely to remain in the solution, is not easy. It is hard for people steeped in long-established precepts of chemistry to accept that their knowledge might be wrong, or at least incomplete.

Scientists exploring the mechanisms of how homeopathy works are very cautious about their comments, or prefer to remain silent, for good reason. Throughout history, experiments suggesting theories that could support the effectiveness of homeopathy, such as "the memory of water", proposed in 1988<sup>8</sup> have been sabotaged, attacked and ignored.

The poor financial situation of some researchers oriented in homeopathy, brings us to another important factor delaying progress in high quality research in homeopathy: lack of funding. Pharmaceutical companies fund a high percentage of the research studies on conventional medicines because the business for them is there. However, homeopathic medicines are extremely cost-effective, so homeopathic pharmacies do not have that kind of financial clout.

As far as publication in prestigious scientific journals goes, research relating to homeopathy is often denied publication for no good reason. For instance, Dr. Gustavo Bracho's team, who did a 2.3-million-population clinical trial on homeopathic prevention of leptospirosis in Cuba, had spectacular results, yet his paper was rejected by several prominent medical journals, before it was published in the main, international peer-reviewed journal in homeopathy.

To add to the controversy, the media is easily confused about evidence for the effectiveness of homeopathy, because there are plenty of apparently-respectable scientists or doctors decrying any study in the area as non-definitive. Why? Who could be interested in attacking homeopathy now, when its popularity is rapidly growing due to the increasing evidence of its effectiveness, the

discovery of many unknowns about its mechanism of action, and the technological advancements in material science, quantum science etc. that define the present era?

Despite of the obstacles, more and more evidence in the area of ultra-high dilutions has been published recently. Some particularly interesting publications are: a review that show preliminary evidence supporting the biologic effects of ultra-high dilutions; a study demonstrating that different high-potency homeopathic medicines, and different potencies of high-potency homeopathic medicines, can be distinguished from one another using spectroscopy; and a report on the presence of the starting substance in ultra-high dilutions of homeopathic medicines, in the form of nanoparticles (microscopic-size particles).

The fact that studies have shown positive results for homeopathy, despite numerous obstacles and continual accommodations to fit the standard medical science model, is a testament to the validity of homeopathy, a system of medicine with a 200-year record of successful clinical results. Homeopathy serves humanity by curing acute and chronic conditions, including those considered untreatable by conventional medicine, safely, gently and permanently. **(47)**

## **5.6. The Need for Clarity**

As the term ‘homeopathy’ is used with several different meanings in the context of homeopathy research. This means that studies investigating very different approaches are all described as trials of ‘homeopathy’ and are frequently analyzed together.

For future homeopathy research to be meaningful, specific definitions within the umbrella term of ‘homeopathy’ are needed to promote clarity in the reporting, design and interpretation of homeopathy research , stating whether a trial is investigating treatment by an homeopath, the action of a homeopathic medicine or the principles of homeopathy. **(48)**



**Figure 13.** Homeopathic remedies in the form of capsules.

## 6. MATERIA MEDICA

**Table 4. The main symptoms of the common emotional Homeopathic remedies**

Remedy	Characteristics	Emotional Conditions	Common Physical Conditions	Improved By	Made Worse By
<i>Aconitum</i>	fearfulness, shock, mental restlessness, sudden intense onset of symptoms, burning or tingling sensations, severe sensitivity to extreme heat or cold, hypersensitivity	phobias, the after effects of shock, great fear (death), panic attacks, anxiety, insomnia	hot dry skin, acute fevers, hypertension, palpitations, neuralgia	open air	night, extremes in temperature
<i>Anacardium</i>	sense of split personality: pleasant/vicious, inferiority complex, cursing or swearing, sensation of a plug or blunt object—of pressure anywhere in the body	lack of confidence, aggressive behaviour, loss of concentration, depression, mood swings, eating disorders	headaches, blistering, skin rashes, indigestion, constipation, memory loss	rest, eating	cold mental exertion, note eating
<i>Argentum Nitricum</i>	restlessness, introversion, excitability, impulsiveness, hurriedness, fear of failure, sharp, splinter-like sensations, difficulty with co-ordination, sugar cravings	anxiety, anticipatory or performance anxiety, panic attacks, phobias (esp. claustrophobia)	diarrhoea/wind, sore throat, ulcerations (esp. eye), nervous headache, neurological problems	fresh air	sweat, sugar, heat, deadlines
<i>Arsenicum Album</i>	restlessness (mental and physical), insecurity, the need to control, perfectionism, fault-finding, being overly critical, tidiness, obsessional thoughts, anger, exhaustion that comes on easily, chilliness, thirst for small sips of liquid, burning pains, thin burning discharges	anxiety, phobias, hypochondria, obsessional disorders, insomnia, mood swings, depression, suicidal impulses, self-mutilation, anorexia	asthma, eczema, runny colds, hay fever, haemorrhage, bloody discharges, high blood-pressure, nausea, gastric disturbances, diarrhoea and vomiting	company, heat, exertion	being alone, 12-3 a.m., stuffy rooms, walking, lying down, cold
<i>Aurum</i>	over-conscientiousness, the need to over-achieve, disappointment, being easily offended, aloofness, chilliness, sense of duty, sensitivity to pain	depression, grief and loss, lack of confidence, suicidal thoughts, abusive of alcohol or drugs, quick to anger	bone pain, heart problems (high blood-pressure, angina, palpitation), rheumatism, testicular pain	classical music, summer, fresh air	dark, night, mental exertion
<i>Calcarea Carbonica</i>	oversensitivity, obstinacy, meticulousness, chilliness, poor circulation, excessive perspiration, weight gain, over-industriousness, lateness in (biological) development, hunger, cravings for egg or indigestible foods, sour discharges	self-consciousness, depression, anxiety, terrible fears, phobias, eating disorders, insomnia, hyperactivity	glandular problems, fatigue, gallstones, asthma, eczema, rheumatism/arthritis, obesity	warmth and dryness, constipation	injustice, exertion, a full moon, the cold and damp

<b><i>Gelsemium</i></b>	weariness, collapse, near-paralysis, apprehension, timidity, weakness, heaviness in the limbs, no sense of thirst, tremor	depression, anticipatory anxiety, emotional exhaustion, all sorts of fears, phobias	nervous diarrhoea, nervous headaches, colds and flu, fevers, paralysis or polio, blurred or double vision, post-viral syndrome (ME)	sweating stimulation	heat, bad news
<b><i>Ignatia</i></b>	histrionics, excitability, hypersensitivity, paradoxical symptoms, sighs or yawns, spasms	grief, hysteria, acute anxiety, eating disorders, anger, depression, mood swings, shock, insomnia	spasmodic cough, muscle spasms, trembling, headaches (feels like a nail through the head)	heat, entertainment, deep breathing	sympathy, 11 a.m. strong smells, cold, worry
<b><i>Lachesis</i></b>	histrionics, passionate feelings, suspicion, jealousy, talkativeness, excitability, egoism, vindictiveness, bluish/purplish skin, symptoms on the left side of the body or which move from the left to the right side	depression, mood swings, paranoia, persecution anxiety, insomnia, disturbing dreams, alcoholism, phobias	PMS, menopause, high blood pressure, palpitations, hot flushes, congestive headaches, migraine (on left side), difficulty swallowing, asthma, spontaneous bruising, haemorrhages	discharge, start of period, open air, moderate temperature	delay in the start of a period (or in getting rid of any discharge), restriction, sleep, sun or heat, being touched on the left side of the body
<b><i>Lycopodium</i></b>	reticence, aloofness, timidity/tyranny, cowardice/arrogance, sentimentality, amorousness, poor muscle tone, chilliness, right-to-left symptoms, hunger	lack of self-confidence, performance anxiety, anxiety, phobias, insomnia, flashes of anger, mental confusion, psychosexual problems	indigestion, flatulence, bloating, migraines, bronchitis, pneumonia, psoriasis, catarrh	movement, cool air, occupation	4-8 p.m., walking, heat, contradiction, the pressure of clothing
<b><i>Natrium muriaticum</i></b>	introversion, reserve, sympathy, sense of living in the past, grudge-holding, crying when alone, sense of responsibility, being easily hurt, craving for salty foods, thirst	extreme grief, depression, eating disorders, anxiety, fatigue, mood swings, fears and phobias, hypochondria, insomnia	PMS, headaches, fluid retention, oily skin, anaemia, constipation, cold sores, hay fever, allergies, asthma, ME	open air, not eating	sympathy, 9-11 a.m., seaside, heat, sun
<b><i>Nux Vomica</i></b>	intensity, conscientiousness, perfectionism, abundant nervous energy, liverishness, aggression, impulsiveness, orderliness, over-diligence, sensitivity, sympathy, violence, chilliness, shooting pains, hyper-sensitivity, inertia	anger, irritability, anxiety, depression, exhaustion, hypochondria, suicidal thoughts, insomnia, drug abuse, alcoholism, the after-effects of humiliation or of thwarted ambition	indigestion, constipation, irritable bowel syndrome, allergies, ulcers, muscle spasm, piles, lumbago, high blood-pressure, rhinitis	sleep, heat	waking, 3-4 a.m., contradiction, cold, after meals, stimulants, wind, noise
<b><i>Phosforus</i></b>	hypersensitivity, openness, sentimentality, enthusiasm, affection, impressionability, sympathy, artistic sensibility, burning sensations, craving for cold drinks	apathy, fear, anxiety, alcoholism, depression, mood swings, grief	nosebleeds, haemorrhages, hepatitis/cirrhosis or other liver problems,, ulcers, dizziness, hoarseness, kidney degeneration, chest complains	heat, eating, sleep, massage, touch	cold, electric storms, lying on the left side, dusk



<b><i>Platina</i></b>	insecurity, histrionics, sense of split personality, preoccupation with sex, feeling that others are smaller or lower, sensations that the body is bandaged, numbness in parts	fear, eating disorders, anxiety, hysteria, rage, hypochondria, mood swings, suicidal feelings, insomnia, sexual dreams, great sexual desire, jealousy, depression	cramps, numbness, trembling, ovarian pain, haemorrhage in labour, painful periods, vaginitis	open air, eating, sunshine	touch, fasting
<b><i>Pulsatilla</i></b>	changeability, dependency, being childlike, crying easily, emotionalism, indecision, mildness, timidity, jealousy, touchiness, chilliness, lack of thirst, bland yellow discharges, craving for ice-cream or pastries	mood swings, fears, panic attacks, agoraphobia, anxiety, hypochondria, silent grief, suicidal thoughts, depression, insomnia, eating disorders	painful periods, colds with catarrh, earache, sties, chilblains, cold in the extremities, varicose veins, heartburn, bloatedness, constipation, measles, eczema	fresh air, sympathy, crying, movement, sitting up, company	hot stuffy rooms, rest, ice-cream, fatty foods, puberty, being alone, evening, lying flat
<b><i>Sepia</i></b>	diligence, efficiency, indifference, exhaustion, pessimism, stagnation, sense of a lump or ball in various body parts, left-sided symptoms, hunger, pulsation, oestrogen insufficiency, brownish-yellowish colour to the skin, droopiness	depression, weepiness, apathy, loss of interest in sex, anger, irritability, fatigue, anorexia, 'empty nest' syndrome	poor circulation, dyspepsia, backache, constipation, heavy periods, PMS, menopause, hot flushes, vaginal dryness, pains around the liver, prolapse, varicose veins, bleeding piles	dancing, being alone, vigorous exercise, occupation, sleep, warmth	3-5 p.m., company, being still, sympathy, morning, dusk, hormonal change, cold
<b><i>Silicea</i></b>	lack of stamina, shyness and insecurity, persistence, stubbornness, conscientiousness, caution, hypersensitivity, easy to startle slenderness	lack of self-confidence, fear of failure, fear of breakdown, indecision, anxiety felt long before the event, intellectual burnout, difficulty concentrating, irritability, fatigue, insomnia, terrifying dreams	suppuration, respiratory difficulties, recurring colds, sweaty cold feet, abscesses, recurring infections, brittle nails, glandular problems, constipation, ME	heat, wet or humid weather, summer	full moon, new moon, mental exertion, vaccination
<b><i>Staphisagria</i></b>	pleasantness, nervousness, reserve, suppressing emotion, touchiness, excitability, tremor, sighs	anxiety, resentment, fits of anger, suppressed grief, indignation, eating disorders, depression, suicidal feelings, after-effects of sexual assault, obsessional sexual ideas	menstrual disturbances, trembling, severe itching, eczema, weeping wounds, effects of cystitis, frequent urination, prostrate problems, toothache, caries, styes	rest, eating, warmth	touch, sexual excess, quarrels, humiliation
<b><i>Stramonium</i></b>	aggression, destructiveness, violence, no sensitivity to pain, talkativeness, lack of co-ordination, stammer, aversion to liquids, fear of abandonment	rage, tantrums, agitation, intense fears (of water, tunnels, dogs, dark), panic attacks, night terrors, insomnia, nightmares, hallucinations, depression, mania, behavioural problems, hyperactivity, post-traumatic stress disorder, alcoholism	red skin rash, fevers, delirium, convulsions, muscle twitches, cold sweats, meningitis, whooping cough, DTs, sunstroke, stroke	soft light, company, warmth	dark, being alone, shiny objects, dogs, fright

<b><i>Sulphur</i></b>	laziness, curiosity, preference for theory over action, self-centredness, discontent, eccentricity/inventiveness, optimism, extroversion, untidiness, red orifice, feeling hot and overheated (particularly the feet when in bed), burning sensations, irritating discharges, craving for sugar or sweets, hunger, thirst	intellectual burnout, depression, anxiety, hypochondria, irritability, insomnia, fear of heights, alcoholism, eating disorders	physical complains that recur, slow recovery, menopause, hypertension, itchy skin eruptions, skin burns, eczema, boils, asthma, allergies, rheumatism, varicose veins, piles, hay fever, diarrhoea at 5 a.m., sleep that is unrefreshing	motion, dry weather, elimination, fresh air	standing, water, bathing, heat of the bed, 11 a.m., sleep, exertion
<b><i>Thuja</i></b>	secretiveness, reserve, sense of split personality, rigidity, impatience/hurry, indolence, cold/damp, sweetish perspiration, chilliness, weight gain, left-sided symptoms, thick green discharges, limbs that feel like glass or wood	obsessional thoughts, anxiety, lack of self-confidence, depression, suicidal feelings, insomnia, sexual guilt, paranoia, impatience, hypochondria, hallucinations	fluid retention, genital warts, asthma, arthritis, allergies, rheumatism, obesity, deformed nails, headaches, new growths, catarrh, vaginal discharges, dry hair/dandruff, neuralgia, ovarian pain (left-sided), chronic urinary infections	heat, perspiring, motion	3 a.m./3 p.m., wet weather, vaccinations, onions, tea, contradiction

*From the book of Chappell Peter, Emotional Healing with Homeopathy, A practical Guide*



**Figure 14.** Homeopathic remedies and plants.

## 7. CONCLUSION

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Mind is will, intention, determination, thoughts. Feelings are zest, love of life, fear, anger, sadness. There is not feeling without thought and vice versa however and no feeling- thought *process* is without a physical effect. Everything is always *psyche* (in the mind) and *soma* (in the body) or *psychosomatic*.

From modern depth psychology and homeopathy has come a simple yet penetrating understanding of trauma and disease. When overwhelming trauma happens we are frozen, wholly or partially, at the age at which it occurs. We act as if we have not developed beyond the stage at which we were traumatized. Granted we still grow physically but even the height to which we grow can be related to our traumas. Sometimes trauma is so strong and genetics so weak that even our growth is stunted. Normally what happens is a partial freezing of our development. When we address the trauma with a homeopathic remedy we may bring it to the surface for a subconscious or semiconscious rerun. It becomes an “action replay” of the old situation with a difference, which is as if the fears and feelings of the trauma are re-experienced, without the traumatic events. By bringing the trauma to the surface of our subconscious and rerunning it at a time when we can deal with it, we resolve it and unfreeze the person. We say in homeopathy that it is the illness or the disease which creates the crisis where consciousness can arise. If the disease is suppressed or removed then the opportunity is lost. If a correct homeopathic remedy is administrated or an appropriate interaction takes place, then consciousness can result. If during the curative process the signs are suppressed then it is likely that the rising of consciousness will be suppressed and later the cure will fail. Homeopathy teaches that we are a soul energy in a physical energy body: soul and matter. The soul has various levels and radiates energy throughout the body, operating upon us through our minds and our feelings.

With the help of homeopathy we can try balance our life force offering the appropriate energy through the homeopathic remedies. This helps us to develop our consciousness which is to go through our traumas, using our inner awareness. By going through the suffering we transform it into a new level of consciousness to rise again, to become free of pain and of suffering, to release ourselves from the bondage, from the inevitable attachment to the matter. This is the recovering from the illness, from the pain, from the traumas of our body, of our soul, of our spirit; this is to be free and complete in our human nature.

Of course, homeopathy has its limits that have to be respected and involved. Responsibility depends on the psychiatrist and on the patient as well. It is both difficult and demanding to concern homeopathic remedies into the classical treatment of mental disorders. In many cases we may appreciate the looking for some gentle non-conventional approach to this delicate issue to be a benefit for the patient.



**Figure 15.**The many aspects of homeopathic preparations.

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# ABSTRACT

## HOMEOPATHIC REMEDIES IN MENTAL AND EMOTIONAL DISORDERS

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**Background:** This thesis was a challenge to give my attention to the medicaments that have not side effects in the human treatment and to see the use of the raw and first materials that in consequence we find as substances in the pharmaceutical factory. The solution and response for me was in the Complementary Medicine and more specifically in the practice of homeopathy. The mental disturbances and the emotional imbalances are more available in their description and understanding and can from the other side influence the well-being of the physical part and cause the illnesses.

**Aim:** The study of both mental and emotional disorders according homeopathic remedies and the discovery of the way that one influence and benefits the other is the main purpose of this thesis.

**Methods:** The method has to do with the detailed description of the properties that each homeopathic remedy possesses, according to the studies accomplished many years ago from many doctors and scientists of the Complementary Medicine. I have studied the raw materials, the length of action and the results, coming from a big variety of plants, minerals and animals. I focused on their essences that if they were used they offer precise amelioration to specific illnesses.

**Conclusion:** Homeopathy is an alternative healing method that can help and offer an immediate or long term results in different cases, different kinds of illnesses, in all ages, in all countries. Considering the way in which the person as a body, feelings and mind is working it can achieve high positive results in many illnesses. But derived from my specific study in the mental and emotional disorders, more often we can talk about relief and improvement of the symptoms than of a total cure of them. This fact is more prominent in the serious mental disorders as schizophrenia and cognitive disorders. Complementary Medicine can always be a first step in the healing process, if the conditions give that possibility, or at least be practiced in parallel way with the classical medical cure, for the benefit of the patient.

# ABSTRAKT

## HOMEOPATHIC REMEDIES IN MENTAL AND EMOTIONAL DISORDERS

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**Úvod:** Tato práce byla výzvou k zaměření pozornosti na léčiva, která v humánní léčbě nevykazují vedlejší účinky a na takovéto využití surovin a výchozích materiálů, které posléze nacházíme jako suroviny ve farmaceutickém průmyslu. Řešení a odpověď byla nalezena v komplementární medicíně, a to specificky v homeopatické praxi. Mentální poruchy a emocionální nevyrovnanost lze tímto způsobem lépe popsat a porozumět jim, je možné ovlivnit pocit pohody anebo fyzickou stránku či příčinu nemoci.

**Cíl práce:** Jedním z hlavních cílů této práce je studium jak mentálních a emotivních poruch, tak homeopatických léčiv, a odhalit způsob, jak se navzájem ovlivňují.

**Metodika:** Metoda je založena na podrobném popisu vlastností, jimiž se jednotlivé homeopatické přípravky vyznačují, jak bylo zjištěno před lety díky praktickým výsledkům úsilí mnoha lékařů a badatelů v oblasti komplementární medicíny. Studovala jsem výchozí suroviny, délku a výsledky jejich působení. Tyto zahrnují celou škálu rostlin, minerálů i zvířat. Soustředila jsem se na jejich podstatu, která potom při aplikaci může poskytnout cílené zlepšení u konkrétních onemocnění.

**Závěr:** Homeopatie je alternativní léčebná metoda, která může přinést okamžité anebo dlouhodobější výsledky v různých případech, při různých onemocněních, v každém věku a ve všech zemích. Zvažuje způsob, jakým osobnost funguje coby tělo, pocity a myšlenky a takto může dosahovat někdy vysoce pozitivních výsledků u mnoha chorob. Z mojí studie zaměřené na mentální a emotivní poruchy však vyplývá, že mnohem častěji dochází spíše k úlevě a zmírnění příznaků než k jejich úplnému vyléčení. Tato skutečnost je obzvláště výrazná u závažných mentálních poruch, jako jsou třeba schizofrenie nebo kognitivní poruchy. Komplementární medicína může být vždy prvním krokem v uzdravném procesu, jestliže pro to jsou nalezeny podmínky, anebo může alespoň být souběžným doplňkem klasické léčby, jestliže se to jeví pro pacienta jako přínosné.



